

# A CUP OF KINDNESS

by

LOUISE WHITBECK FRASER

# A CUR

## A Book



Photo—Michael R. Walsh

Did you ever feel the confidence of a little child's hand in yours?

It is silent communication that expresses security and trust.

It is a silent asking of guidance through the entanglement of confusion in untraveled ways.

You give these things to the child when you give your hand to him.

You are the privileged one. Yours is true service for it must come from the heart if it is to fulfill that earnest appeal felt in the little outstretched hand of a child in need of security.

—L. W. Fraser

# OF KINDNESS

for Parents of Retarded Children

LOUISE WHITBECK FRASER

Photos in text by Jan Loken

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*Dedicated to  
my two children,  
Wesley Allen and Jean Lois  
for their support and help  
in my efforts  
in establishing greater learning  
for all retarded children*

## PREFACE

**Mrs. Hubert H. Humphrey**

On election night, 1960, our first grandchild, Vicky, was born. It was a memorable evening. John Kennedy had been elected to the Presidency and Minnesotans had returned my husband to the U. S. Senate. Our hearts were overflowing with happiness and gratitude.

But the thrill of achievement, the excitement over our granddaughter soon turned to anxiety and tragedy as we learned that she was mentally retarded, that she was mongoloid.

During those early days and later, too, we were desperate for guidance and direction. I remember how my daughter, Nancy (Vicky's mother), and I longed for a book that would tell us about the retarded child—as the “Doctor Spocks” told parents about the normal child.

At that time, however, little information was available. And even the professionals: the obstetrician, the pediatrician, the social worker, the nurse, were generally not sufficiently well versed on the handicap to provide enlightened guidance.

Today I find that parents are still groping for knowledge of this prob-

lem and are in need of information, counsel and direction.

To learn to be good parents is always a considerable challenge. But to be good parents to a handicapped child is doubly difficult. Few parents know instinctively what should be done.

Fortunately for Vicky and for our family, we discovered a couple of years after her birth a wonderful woman by the name of Louise Whitbeck Fraser, who was running a small day school for the mentally retarded in Minnesota.

Mrs. Fraser's daughter, Jean, had been severely handicapped by deafness. The doctors believed that she was mentally retarded. But her mother had not accepted their diagnosis. For years she searched for help and schooling for her. Finally, when her daughter was 12, a doctor was found who accurately determined her condition and opened the doors necessary for her to obtain an education.

Until that time Mrs. Fraser had taught her daughter at home. Other parents with handicapped children, for whom schooling was not available, asked that she help with their sons and daughters. Before long, she was operating a small private school on a shoe-string budget.

In September of 1963, Vicky was enrolled at the school. And one of her instructors was Mrs. Fraser's daughter who was now a valuable member of her mother's teaching staff.

Through the years that Vicky has been at Mrs. Fraser's school, which is now housed in a new brick building and has over 100 students, she has been my greatest inspiration and source of knowledge on the day-to-day needs of the mentally retarded child.

And now I am pleased that others will have an opportunity to benefit, as our family has, from her many years of experience and study through her book.

The reader will find that Mrs. Fraser believes that the retarded child and his family are usually best served when the child can remain at home and goes to day school or training classes when he reaches the appropriate age.

Sometimes, of course, the retardation is so severe that it is not advisable for the child to be in the home. It is equally important for parents to face this fact courageously.

Mrs. Fraser is dedicated to the principle that the retarded child must be treated as normally as possible. If the child is treated normally, he is more likely to respond normally.

This normal treatment must include discipline. Without discipline, neither the parents nor the school can cope with the child or his problems.

He must also be taught, as is the normal child, acceptable social behavior. He is entitled, as are other family members, to this help and training and to as much independence as he can acquire. Independence, she maintains, goes hand in hand with self-esteem.

"Let them be a part of the home," Mrs. Fraser can be heard counseling the parents of her students. "If the parents cannot demonstrate faith in the child's ability, the child will have no faith in himself."

I heartily commend this practical and realistic book to those who feel in need of guidance and know that her discussion of the affliction of mental retardation, the review of the early problems which result from the birth of a retarded child, the home and school training suggestions, the case histories and the list of source books will give invaluable assistance.

Music therapy has always been a vital part of the Fraser School training programs. This is also discussed. And it will be helpful to parents



as well as others who seek to help the mentally retarded to realize their full potential.

## INTRODUCTION

Parents of a newly born retarded child are commonly appalled and confused by such a calamity and do not know which way to turn or how to think. It is as though an impenetrable curtain has suddenly cut off the entire future for that child. This impenetrable curtain also affects the parents' thinking. Suddenly all the plans built up for the child have been destroyed, and an inescapable sorrow has settled upon them. They feel utterly alone, not realizing that they are far from being alone as there are approximately 6,000,000 mentally retarded persons in the United States. But even if they knew such a statistic, it wouldn't help at this particular time. Therefore, I have decided to set down my thinking in writing as a means of help and encouragement to parents and to make it available to those seeking a way to view the future positively for themselves and their child. The material in this book is for both mother and father. Each one has duties to perform and help to give; teamwork is needed as it has probably never been needed before in their marriage. When responsibility is shared by both alike, it makes the task just half as great as when one must shoulder it alone.

The suggestions and discoveries in this book are drawn from my many years of exposure to retardation and its many forms. I am the parent of a specially handicapped child and have had a school for

the retarded for 35 years. The experience gained through these years have given me proof that there are ways to turn and feasible courses of action that can help lighten the load for both parent and child. My many years of teaching mentally retarded children have enabled me to make revealing and helpful observations of both the techniques used to achieve success with these children and the overall philosophy which undergirds these techniques. However, one can hardly succeed in working with children without putting forth some effort to help the parents in facing the problems and challenges before them. It is my hope that the material in this book will help parents to better understand the retarded child, his frustrations, and his potential. I also hope to demonstrate methods of approach that will make the child more comfortable and to bring about the realization that a very slow and simple presentation is necessary if one is to reach the child and to develop in him a sense of security while doing so.

If help is to be had for the mentally retarded, someone must believe in them, *first* because they are children and *second* because they are retarded. One must believe that they can learn and that their capabilities can be developed. My experiences have taught me that adaptive behavior of the mentally retarded is a better criterion for measuring their ability than any number associated with I. Q. or M. Q. I learned to build a better concept of these children and then realized that they must have a good self-concept if they are to develop any desire to participate successfully in life situations. Much motivation, encouragement, and accomplishment can be gained through a child's positive self-concept. However, two essential factors must be present if a child is to build a good self-concept—acceptance in his home and success in achievement.

Acceptance in the home is the first step in helping the child to build a positive self-concept and to make a successful adjustment. Parents must remember that their baby is a real live human being who, regardless of his mental capacity, needs and has the right to the same love and acceptance that any normal child receives. It is not the fault of either parent and certainly no fault of the child's that he is retard-

ed. Parents must make up their minds to love and accept him for what he is and to give him the attention he needs, lovingly. He is ready to accept his parents and needs them. Parents should start out by fulfilling that need and know that only time can tell the degree of retardation needed to be handled and that many answers will present themselves as they progress in their thinking. The belief that the position of the chromosomes has anything to do with the approach and the results of adaptive behavior can be put aside. No matter what the cause for retardation, there needs to be a built-up self-concept and the adaptive behavior must be studied in order to find the direct needs of the individual child. He needs to be accepted for what he is, analyzed as to specific needs, and placed in practical life situations for training.

The second way to build the child's self-concept is by successful accomplishments of real work. To achieve, no matter how small the achievement, means the child can believe in himself a little more. Thus, he will gradually establish a positive feeling of achievement, and a more acceptable set of behavior mannerisms will begin to emerge. By *showing* the child what he needs to know and finding tasks he can best do, we help build his self-concept until he has enough confidence in himself to be challenged in advanced situations. A satisfaction is felt by the child for himself, and he performs in keeping with his concept of how he is expected to perform. It is an example of the age-old adage that "Success begets success and failure begets failure." One tends to behave as he sees himself, and this is true for the retarded as well as the normal. The self-motivation which is gained through success develops the adaptive behavior of the child and lays the groundwork for better social acceptance. Later it also opens the door for academic learning which can progress as far as the child's ability can take him. This, in turn, creates greater opportunity for real work, a greater desire to accomplish and a greater belief in himself.

The future of any society lies in its ability to train or socialize its young, whether retarded or normal, and a child's individual develop-

ment and his social adjustment will depend upon the degree of success he achieves. Nothing is gained through failure which results from new approaches made before the child is ready. The child must set his own pace and dictate to us the rate of progress he needs for security. Our greatest socializing experiences can be found in the home. If the home lets the child down, he loses the important basis for early education and training. Every parent of a retarded child at first tries to find an answer to the question, "Why has this happened to me?" To this there can be no answer, but instead, the parent must and will find a way to live with the situation and a way to keep his child healthy and happy. It is my hope that in the following pages, parents of children with lesser abilities will find a measure of comfort, enlightenment, encouragement, and direction.

Louise Whitbeck Fraser

June, 1971.



Photo—Michael R. Walsh

In 1935, Louise Whitbeck Fraser saw a need and immediately set her sights to meet that need. The result was the establishment of the Home Study School, now known as the Louise Whitbeck Fraser School for the Mentally Retarded of Minneapolis.

For her achievements in this field, Mrs. Fraser has received many awards. In 1955, she was named Minnesota Mother of the Year; in 1960, she received the Sertoma Service to Mankind Award; in 1964, the WCCO radio Good Neighbor Award; and in 1968, the Civitan Citizenship Award. In 1971, Mrs. Fraser was presented the international award, Book of Golden Deeds, by the Richfield

Exchange Club and an award for outstanding community achievement by the Kiwanis Club of Richfield, Minnesota.

In 1969, Mrs. Fraser received an Honorary Degree of Doctor of Rhymes from Rhymes University, Eden, New York.

Mrs. Fraser is listed in *Who's Who of American Women*, *National Register of Prominent Americans*, *The Two Thousand Women of Achievement* and *Community Leaders of America*.

She is an active member of National Association for Music Therapy, American Association on Mental Deficiency, Minnesota Association for the Mentally Retarded, Minneapolis Association for the Mentally Retarded, Council on Exceptional Children, and Altrusa International.

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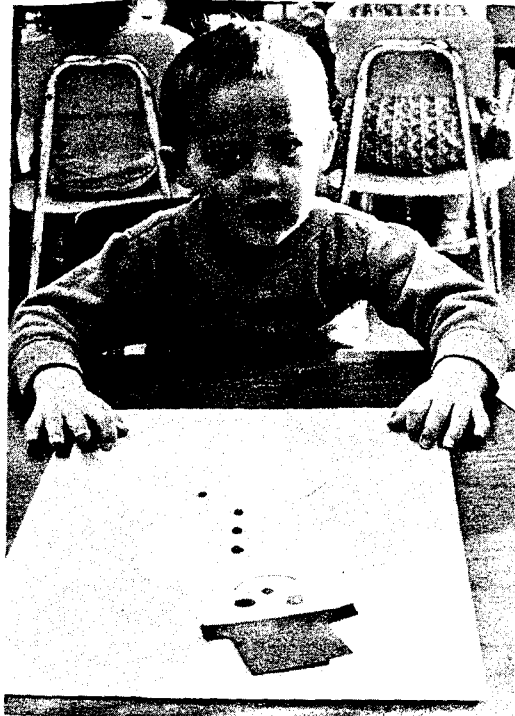
## COMMON TYPES OF RETARDATION

Many people undoubtedly have a vague conception of mental retardation. Others quantitatively classify mental retardation in terms of I. Q. or M. Q. However, I feel that a basic and workable definition of mental retardation is that adopted by the American Association on Mental Deficiency in May, 1960. According to the Association, mental retardation refers to subaverage general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior. Adaptive behavior we can define broadly as a social competence, and it is manifested in three principal areas: 1) maturation, 2) learning, and 3) social adjustment. Each of these three factors is of equal importance in the developmental state of a subnormal.

There are many different types of retardation which require special services and training. It is not feasible and would be of little help to list all of them. There are, however, a few types which are more or less familiar and which perhaps merit a brief discussion. The learning disabilities of these types provide problems which have been the basis for extended work done in the field of education for the retarded child.

**Mongolism (Downs Syndrome).**—Physical characteristics of a mingo-





Mongolism—The Downs Syndrome child can be helped to find a comfortable level of performance and to become a useful citizen.



Brain-Injured—One finds in the case of the brain-injured child peculiarities in reasoning, understanding and relating.

Retarded-Blind—An environment of warmth and love can create a sense of interest in the blind-retarded child.



loid include slanting eyes, stubby neck, short fingers, and a curving of the little finger. The mongoloid will never be completely free of his handicap, but we cannot put a ceiling on his learning abilities until after he has been exposed to the different areas of practical life problems. This child can be helped. He will find a level of performance and can become a useful citizen. Mongoloids are amicable, pleasant and easy to get along with which makes them desirable in a job situation.

**Brain-injured**—One finds in the case of the brain damaged child peculiarities in reasoning, understanding and relating. The reasons, difficult if not impossible to explain, do not appear to have their equivalent in normal children. This means that the problem is not necessarily one of retardation. For instance, I have encountered a boy who, when asked a question, tried to answer the question and did fairly well, but when he felt he was finished, deserted the subject completely and began to talk a lot of nonsense. This lack of coordination in thought is evidence of a special defect, and not a retardation of development.

**Retarded Blind Child**—A distinction must be made between congenital blindness (those blind at birth) and adventitious blindness (blindness through accident, etc.). There are essential differences between the person who has never seen and the person who has seen but who has lost his sight. We must train other senses to take the place of sight, but we must remember that for the adventitiously blind we are *restoring* and for the congenitally blind we are *creating*. It is important to be clearly aware of the two types when applying learning exercises.

**Retarded Deaf Child**—Parents often are not aware of auditory disorders in their children until speech fails to appear. Many times the findings of hearing tests can be misleading because of the injury to the central nervous system which affects the vibrations of hearing. Many children are placed in retarded classes because of inaccurate interpretations of the child's responses or nonresponses. There can



Retarded-Deaf—Every step for the retarded-deaf can become a challenge.

be responses to high or low vibrations but the conversational levels can be completely inaudible because of illness or injury. Thus, they hear on one level and not on another so the professional may erroneously blame such nonresponses on short attention span or lack of ability to recognize the sounds, in other words, mental deficiency.

There are various conditions causing auditory disorders. The largest number of children have peripheral deafness, that is malfunctioning of the ear itself. The second largest group consists of children who are brain injured and as a result have an aphasia. The third group in order of size are those who are emotionally disturbed. These chil-

dren simulate impaired auditory acuity for psychological reasons. The fourth group has impaired hearing because of mental deficiency, and therefore, they are not acquiring speech normally. All of these children need a great deal of help.

**Autism**—The autistic child is isolated in a world almost totally of his own design. It is much easier for these children to relate to inanimate objects than to people. Autistic children are very often males. They tend to twirl and play with spinning objects, and toe walking is sometimes seen. They are often mute, play for long periods alone, and are seldom affectionate. The development of motor skills is often age appropriate, and they are graceful youngsters. The diagnosis of autism is very difficult in the younger child. Deafness, mental retardation, and brain damage can be confused with autism in an early diagnosis, and sometimes children with these latter afflictions are erroneously labeled autistic. Although autism is a controversial subject, it is my opinion based on my years of experience that the autistic child is one who is emotionally disturbed and mentally retarded only because of autism.

Autism—The autistic child is isolated in a world almost totally of his own design.



## 2.

### CHALLENGES FACING PARENTS OF RETARDED CHILDREN

After the birth and diagnosis of a mentally retarded child, parents quite naturally suffer shock and a complete destruction of all hopes and plans nurtured for the nine fetal months. They have feelings of inadequacy, misery, and self-condemnation which flood their thinking and may make them feel that they want to withdraw from society because of a stigma attached to such a handicap. They feel adrift in an unknown sea of doubt and fear. However, the reaction following this first numbing shock depends upon the physical and mental makeup of the parents as well as their general outlook on life. Some never recover from the shock, while others go about dazed for weeks or months unable to resign themselves to their problem. The most common reaction on the part of many parents is one of bitterness, resentment, and envy. They feel bitter toward the world in general, and they try to find someone or something to blame for their problem. They resent that they have a problem which they feel reflects on the family, and they ask why did it happen to them. They envy the families who have all normal children and can't seem to resign themselves to facing their problem and trying to better it in some way.

No one can fully understand or explain why or how retardation happens. As a rule, it is not the fault, through heredity, of either parent,

and it is certainly no fault of the child. It is an affliction and not a curse or mark of shame. When the problem of retardation is present, it has to be met. It is my hope that the following pages will help parents meet the difficulties arising from retardation, for there are positive ways to face and deal with this problem.

What then should parents do when faced with a retarded child? To begin with, parents should confront the situation *together*. Too often the problem of a retarded child creates a feeling of rejection in either parent or in both and can become the cause of separation or divorce. Such a proceeding will not solve the problem but will only lead to more difficulties. This is a time when the husband's and wife's support for each other is a necessary source of comfort and strength. Secondly, parents should not run to other doctors or clinics hoping for a miracle cure, but rather, they should put their energies into finding *methods* offered which will help them deal with their present problem. They must also realize that there will never be a complete solution to the problem of retardation but that there are effective ways to help the child. This realization will be an important step in their thinking. And finally, instead of asking, "Why has this happened to us?" as though it were a dreadful mark against everyone in the family, parents should ask, "What can I do to help this child to find a more acceptable life?" In doing so they manifest their acceptance of their problem and begin to face the future with a positive attitude and with courage and honesty. They also set an example for others to take courage from and to follow.

After parents have accepted the problem of retardation and have developed a positive attitude toward the future, they can begin to educate themselves about retardation and can learn to better understand the child and his needs. There are many reading materials on retardation available today, and this is an advance that has been made in the past 10 years which should be helpful to parents in stabilizing emotions and destroying many unfounded fears. (A list of references will be found at the end of this chapter.) However, a word of caution is perhaps needed here. One should not try to read *all* the material

written about the retarded child, and he should be sure that the material he does read is current. A parent should choose books that pertain to his child's problems and particular phase of retardation. If they have a mongoloid child, parents should look for material on this type of retardation. If the child is autistic, they can find material on this subject. Although much has been done for the retarded, work is continuing to be done and much more remains to be done. Consequently, parents should watch for reports on new research materials in case something new has been written in their field of interest. In addition to learning about their child's particular type of retardation, parents must develop an understanding of the retarded child and his needs if they are to help him. The needs of retarded children, regardless of type, are much the same as those of normal children. They want love and acceptance from all. They need to explore how things work. If they break something, they want people to understand why they broke it. It was probably for the same reason a normal child breaks things. They need to run and climb and find out what they can do with their bodies. They need to have fun

Parents need assistance in learning how to help and when to help their retarded child.



with children of their own age level. They need to fight with them, eat with them. They want to be understood if they are being naughty and to be helped to stop when misbehaving. They have a desire to be good but can't always govern their actions because of lack of judgment and logical reasoning. Because of the fact that there is so much normalcy in the emotional drive that must be expressed by these children, it is necessary that they are sufficiently guided and helped to overcome their frustrations which would tend to prevent them from reaching their potential.

Many challenges face parents in rearing a mentally retarded child, and they must prepare themselves to meet these challenges. An essential step in preparing oneself to work with retarded children is an analysis of one's attitudes and frustrations. Only as we understand ourselves and the depth of the problem we are working with can we begin to help others. When this step has been fully mastered, it is then and only then that we are ready to channel our ambitions, desires and energies into helping the retarded child. We never doubted that this child needed help. Similarly, parents need assistance in learning *how* to help and *when* to start helping.

The first challenge facing parents of a retarded child is that of complete acceptance—both of the child and his problem. A child, whether born normal or defective, goes through the same developmental stages. The thing we must remember is that the defective child will be much slower in developing but will continue to grow and develop, *needing* many people to love him. There are some things the child will do well and some he can't do at all, but he still needs lots of love and reinforcing. The home is the place to start loving the child and showing him *complete* acceptance. This child is in this world afflicted as he is, and to help him develop his potentials and grow to be a useful citizen is just as much a part of the parents' job as it is to guide and educate their normal children. Few problems develop when the child is accepted and worked into family activities. The child will sense the attitudes that surround him, and for success, those attitudes must be filled with love and complete acceptance. He





Few problems develop when the child is accepted and worked into family activities.

must be able to bask in the warmth of great understanding and not have to build up inhibitions and a defense that will hinder and limit his progress.

In facing the challenges of helping their retarded child, parents will need a clear understanding and analysis not only of their attitudes concerning discipline but also of the child's disciplinary needs. To me, discipline is one of the most important steps to be taken in helping these children. Discipline is the greatest gift one can give a child, especially a retarded child. Discipline helps stimulate thinking and helps in making decisions on an individual basis. Discipline restores order out of a confusion of ideas. What is discipline? Since it can mean different things to different people, I have included four definitions of discipline. First, it can mean training, education and instruction. Second, it can mean the training of an act in accordance with rules. Third, discipline can be planned punishment inflicted for correction and training. Fourth, discipline does not have to be punishment, but rather it can be a method of setting limits and expectations. One must choose the method that comes the closest to what the parent feels is the need of the child at a particular time. This takes careful study as the parent must have a clear picture of a specific need of his child.

Concerning discipline, it is also important to ask "*Who should be disciplined?*" It is possible the parent, before administering discipline, should examine his self-discipline. Can he discipline his impulses and his desires to punish until he is sure what the disciplinary need is? Is the child in need of discipline as a punishment for deliberately doing wrong because of the lack of self-control, or is the behavior an exhibit of a deeper need for understanding? It is possible that frustration arises from fear which expresses itself often in unacceptable behavior. Emotional conflicts interfere with the satisfaction of the child's basic psychological drives and can produce a state of tension, causing the manifested behavior problem. Maybe the desire for attention governs the acts of extreme behavior in the child or perhaps the child is giving a cry for help in the only way he knows how. There

are various types of behavior needing discipline, but it is essential to analyze why the child is acting in a particular manner and thus arrive at his real needs. For instance, adverse behavior is often exhibited by a child who is seeking attention and closeness. He uses adverse behavior as a substitute, not knowing how to ask for more attention and closeness. On the other hand, aggressive behavior may be an escape from facing a challenge that cannot be faced because of fear. Many times a child will exhibit very upsetting behavior that may be caused by his lack of desire to govern himself or it may be used as an outlet of frustration aggravated by the inability to understand demands made of him. So, as I stated previously, there is much close observation needed by the parent before he can feel capable of administering help. One must remember that the child needs different types of discipline at different times. In fact, each child has individual problems perhaps needing a different method of discipline for each problem. Different problems *need* different methods of discipline, and the slap is not a common denominator in discipline. It is also necessary for the parent to examine his own tensions and tolerance levels and ask himself whether his tolerance level needs adjusting. One must know clearly for what he is disciplining. He should not be using discipline merely to *release his* tensions or frustrations rather than to help the child. That is why it is necessary for the parent to ask himself who needs to be disciplined, himself or the child. It is always good for one to make a mental picture of the situation and of himself and then to take a close look to see if he likes what he sees. The action of parents can make a real difference to the child's development and adjustment, and above all, they must be sure that rejection is never used as a means of discipline.

In addition to a clear understanding in the area of discipline, parents must carry their self-analysis and evaluation even deeper. Parents must analyze their thinking in order that they recognize what their own image of the child is. Hopefully they believe their child has a potential and that he is able to assert himself and handle himself independently. It is very important to the development of the child's self-esteem that his parents have a good and positive image of him. Every one of our retarded, brain-damaged, emotionally disturbed or

otherwise handicapped children go through the same stages of development that the normal child does, but they reach the stages at various age levels, much later than the normal child. However, parents must watch the levels they are requiring their child to meet. They must be careful not to judge him by *their* ambitions for him instead of the child's level of ability. Maybe expectations are more than the child can meet at a particular time. It is absolutely necessary to go slowly and not to require too much too fast. But parents must strive not to get discouraged and give up a goal they feel is a fair level for the child. Such abandonment only confuses the child's sense of direction. Parents must *believe in their child* and not let discouragement turn them away. Progress will take *time* and parents who exhibit *patience* in their attempts at help will be rewarded by their child's success and advancement.

In their self-evaluation parents must clearly establish standards for behavior and strive for consistency. It is important that they set a clear picture of what constitutes unacceptable behavior in their home for the *whole* family, including the problem child. And, they must adhere to these standards consistently. Parents must not feel sorry for the retarded child but must help him form a realistic point of view. The retarded child must not be allowed to get by with anything less than the others, and he should be disciplined the same as the others would be if they violated a principle. The retarded child is trying to learn, and he does most of his learning by observing the actions of others in the home. Consistency is essential or the child will copy the "slip-ups" as fast as parents make them and possibly then get punished for doing as he has been shown. "No" is a specific and an important word to be learned and followed through with consistently. If it is *no* at one time concerning limits, it must be *no* at all times for the same situation. In enforcing limits, parents must watch that their impulses do not govern them. It is important not to act in haste until it's clear what should be done. Impulsiveness can hinder a clear analysis of the child's needs. If one's temper gains control, it is easy to act inconsistently. Compromise and inconsistency serve to confuse the child. If parents give in to the retarded child

when other children must obey, these children might develop a dislike for or resentment toward the retarded child. Most retarded children can understand *simple* directions and realize when they are disobeying. One can be firm with them without being severe. It is unwise to overprotect or spoil any child, normal or retarded. All small children need to be loved, cooed to, cuddled, and gently played with. They need to be talked to and carried around and shown what's going on in the house. Little children need to explore within safe limits, but they need to know *what* the limits are and be taught to respect them. However, in teaching the retarded child the rules and regulations in his home, parents must be careful not to overwhelm him with too many words and orders such as "Stop that this very moment," and "If you do it again, I'll spank you." A small child cannot understand these confusing orders. He knows by the tone of voice and facial expression that he has done something wrong, but he doesn't know exactly what was wrong, much less how to correct it. His parents' looks show that they are not happy, and that stops him because he looks for their smile as security. His main desire is to please them.

Although it is best that the child should not be aware that he is retarded, it is necessary that parents have full knowledge and understanding of the nature of their child's defects and the extent of impairment. They should become familiar with the medical history of the child in order that later, when the child is in school, they can help the teacher to better understand the child and the areas demanding attention. It will help them to know the overall physical efficiency of the organism, the child's learning capacities or disabilities, and last, the degree of social and emotional adjustment needed by the child. Their observations of the child are also important and will help not only in home training but also in school training. As the parents, and especially the mother, work closely with the child, they will become acquainted with many individual mannerisms not mentioned in books but of great importance in determining proper channels of approach. And, on the other hand, through observation and a close association, the mother will undoubtedly find that books she has read become much more meaningful.



Parents will feel happier when they feel they are really doing something for their child.

Hopefully at this point, parents will have accepted their problem, learned as much about it as possible, made a concerted effort at self-evaluation, and have a broad understanding of the challenges they face. Now they are ready to begin helping their child. They can begin their fight for the best things for their child who needs them and their care. Parents will feel happier when they feel they are really doing something for their child. They will reflect this in their attitudes as they work with the child, and he in turn will be happier and try harder to respond because of the happier atmosphere around him. No one can predict the child's future, but we can rid it of unfounded fears and miscalculations. We can let him grow, able to develop a future with a feeling of self-worth coupled with the love and acceptance of his family. If parents are able to promote these attitudes, they will earn great respect and admiration from all who are working outside the family to help these special children, and it will be a wonderful beginning for them and their child. In addition, their

positive attitudes will be an encouragement to other parents facing the same problem.

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### 3.

#### COMMON NEEDS OF ALL MENTALLY RETARDED

There are many common needs which all retarded children have regardless of the type of retardation present. Before any program of training is begun for these children, it is important to understand their emotional, physical, social and learning needs. This understanding will then aid parents in setting goals which help satisfy their child's needs.

The retarded child has the same emotional needs as the normal child. He needs the same love, acceptance, and environment in which to grow and develop as the normal child needs. Important goals in satisfying the child's emotional needs are to help him develop self-esteem and independence. Most of the work in the beginning should be to *establish in the child a better image of himself*, or, in other words, to build better self-esteem in the child. Before parents can do this, they must be sure their image of the child is all it should be. If they have a good image of the child, then his self-image will improve. A child is well aware of our perception of him and tends to behave in keeping with this picture. We unconsciously create an atmosphere by establishing an image of the child to which he feels compelled to conform. Just because they have learning difficulties, these children must not be allowed to flounder through life thinking they are "dummies," irresponsible or lazy. If they do, their self-esteem will

suffer greatly, and they will be kept from performing at their full potential. There are ways to cope with a child's learning disabilities, which will be discussed later, and which can protect him from losing his self-esteem.

Independence goes hand in hand with self-esteem. When the child, usually at a young age, demonstrates the feeling, "I'd rather do it myself," we must make sure he can do it himself. If an attempt at an act originally proves too complicated, we must make it quite simple so the child can do it alone and achieve success. This in turn eliminates frustrations that can lead to temper tantrums and stubbornness and also reinforces his self-esteem. In addition, it provides a potent motivational force. When confronted with an act which the child wants to perform, the parent should show the child the task by doing it for him very slowly and repeating it two or three times if necessary. Immediate reaction may not be evident as it often takes time for the child to organize his thinking to correspond to his action. However, the parent must be sure to step aside when the child has shown a desire to perform and to let him have *complete independence*. Even if he makes mistakes, he is relating to the act and showing a desire to follow through. This means a great deal, and a goal can be reached without disturbing his self-esteem.

The retarded child's physical needs must be considered, particularly in relation to his motor skills. Defects in motor skills can be a disadvantage among playmates so it is important to promote proper development of coordination. To achieve this ability, there are some very basic and primary goals. A normal walking gait should be stressed whenever possible. The maintenance of a healthy posture is necessary in order to walk correctly. The child must learn to sit and not slouch in his chair. He must learn to handle his body. Drill work on a tumbling mat is useful, and it is surprising how even the smallest can adapt and respond to this type of stimulus. The child must also learn to work well with his hands and to perform the common tasks easily and comfortably. He must be exposed to the proper way of

brushing his teeth, washing his face and hands and combing his hair. Learning to lace up and tie his shoes is a slow and tiring process but very needed and very important. There are many sports and recreational activities which the retarded can learn successfully. They have been taught to jump, skip, hop, climb, swim, ice skate, roller skate, bowl, ride horses, ride bicycles and dance, and they have shown ability in these activities. They can also learn to paint, carve, sing and play musical instruments. And, they have learned to play basketball, field hockey, soccer, volleyball, baseball and football.

The child's social needs encompass several areas. He must be accepted by his family and acquaintances; he must learn to control his behavior to meet acceptable social standards; and he must learn how to perform easily and naturally as a social being. The first social experience begins with the family. The child needs to be accepted fully as a person. Many times he is treated as a plaything or toy by brothers and sisters. The result is a feeling of negativeness and causes resistance to adults. He must be worked in normally to family activities. Then, if the child is to be accepted by casual acquaintances, he must learn acceptable standards of behavior. He must recognize habits of cleanliness, health, and eating. He should not be offensive when he is observed by others. The care of his clothing is an important part of this training. He should be able to take off, hang up, put on, and button up articles of clothing so that he keeps clothing as neat and clean as possible. He should be made to feel a pride in the clothing he wears and to feel that those observing him are proud of the way he looks. All the children, from the very smallest to the very oldest, want recognition from family and friends of their neat or clean appearance. Calling children's attention to the neat appearance of others and making them acquainted with the standards of dress most acceptable helps them to develop self-awareness. It is not enough that mother sends them out clean and dressed up—the family or outsiders must recognize this standard and comment on it. In eating, good table manners must be learned and practiced both at home and in social situations. By learning to behave according to acceptable standards, the child is beginning to function as a social being. We must recog-

nize that he cannot perform as an isolate if he is to achieve any degree of competence in social living, and we must help him to further this competence. He must learn to respect the rights and property of others and to tolerate behavior of others in his family. He must be willing to participate in simple group activities. Whether his participation is to be limited to the family group and the immediate neighborhood or to a larger world in which he will be employed in a useful occupation, his adjustment will be inadequate unless he can enjoy social participation. A continuous learning of etiquette from the beginning will go a long way in making this social adjustment. Having been trained to consider his fellow associates and to be polite to them, he is able to contact others and be comfortable in a well developed habit. Man is a sociable creature by nature so this can become an easily established habit. There are many normal people growing up with an antisocial complex and their whole life suffers. This need not be a part of the retarded's burden. There is always a feel-

The retarded child must recognize good habits of cleanliness, health and eating.



ing of warmth toward a child who is able to meet people politely and cheerfully. These children are quick to respond to a sense of helping the other fellow, and when allowed this privilege by the correct training, it can be a great asset to social situations.

The area of learning needs is particularly significant, because here perhaps the child's disabilities are most evident. Here also parents can learn several methods of approach to help cope with these disabilities. We must remember an infant's nervous and muscular systems grow in size and complexity and integration takes place according to nature's plan for the child's development. He sits up at a certain age, crawls at a certain age, etc., and these accomplishments will be attained, but only when the child is ready. The mentally retarded child does not follow the normal child's developmental schedule. Functional skills appear at various later dates in his childhood, and he never entirely catches up. The normal child's intellect develops with his age, and he can control his body functions better and better as he grows older. Unfortunately, the mentally retarded child is unable to do this because his central nervous system has been impaired and sometimes severely damaged. All of this limits the child's learning potential and educational attainment. Areas are affected in a greater or lesser degree by the intellectual retardation, and these children must be shown over and over again in order for them to accomplish development that comes naturally to other children. But progress can be made, and gradually the retarded child learns to function and perform tasks seemingly hopeless at the beginning. A normal child's comprehension develops at a rapid pace after 1½ years of age. This is an area in which the retarded child never catches up and which causes most of his greatest limitations. Much patience must be exercised here and things explained clearly and slowly, over and over again, in order that this child can understand and perform at *his rate of learning*. Just because the retarded child may look normal and be alert, handsome, and entertaining, we must not forget his invisible handicap, his learning impairment. If a normal classroom standard of learning is expected of these children, they will flounder and fail with great damage to their self-esteem. There are many symp-

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toms which are characteristic of a child with learning disabilities. Sometimes a child will have 20/20 eyesight and yet have poor visual perception—he does not see things as others see them. Perhaps he has trouble remembering things in sequence or has poor eye-hand coordination. Perhaps he is distracted by outside stimuli, in which case isolation booths or carrels can be useful. No matter what the disabilities, the urge to *learn* is one of our basic instincts, so it is safe to assume every child wants to learn, including our mentally handicapped children. It is our challenge to find the spot where learning is acceptable to the child. *All of these children are capable of learning in some area; it is only the rate of learning that makes them different.*

The retarded child also has a need to express himself and to interpret communications offered by others. This area may present difficulties because many times the child has no language and there can also be hearing impairment. We must be careful that the children understand in some way what is being asked of them. We must be sure our message gets across to them clearly before expecting a response. When there is no speech, we must look for a response in the eyes or any action that follows. Since it is necessary that a child be able to communicate his needs and his interests to others, these are beginning goals for all retarded children. Listening is also an important skill in communication and is essential to the entire learning process. People spend more time in listening than in any other form of communication. *Good listening, however, requires more than the ability to hear.* In fact, most people can't recall more than 50 percent of what they hear. Listening involves an interaction between speaker and listener. One of the most important factors in helping a child become a better listener is his parents' or other people's reactions. If they are attentive to what the child is saying, he will usually be found paying closer attention to what they are saying. Enthusiasm and interest are contagious, and the presence of these qualities will help the child develop positive attitudes. Parents can help their child develop listening skill by requiring, when possible, an oral response from the child. This will indicate that he has really heard



Good listening requires more than the ability to hear.



Enthusiasm and interest are contagious.

what has been said. A response such as "Yes, I understand the directions" or "I will put the clothes away for you" is not necessary in all cases. It could be answered by physical reaction—by dashing off to carry out directions such as "See who is at the door," or "Answer the phone." Requiring a response should help the child in general to develop an appreciation for the effects of oral language and improve his ability to recall the spoken word. A successful "listening program" in the home will be of great benefit to the child throughout his life because it will help him in following directions. The mentally handicapped child will no doubt be constantly under the supervision of others who are capable of guiding his activities. Because he will need this help, unlike his more normal peers who can accept responsibilities for independent action, he will be subject to much direction. Therefore, he must learn to listen and follow through. Responsiveness to direction necessarily must be one of his most valuable attributes, and the program for training must put particular emphasis upon this type of behavior. This can be started in the home before the child is ready to go to school by making sure he learns to listen and is allowed to carry out small and simple tasks for mother or dad.

I have discussed some of the most important needs of retarded children and goals which will help satisfy these needs. Most of these goals have their origin in the home. The foregoing goals are basic to the development of characteristics needed if the children are to adjust to family and community life. One can see that personal and social behavior, communication skills, and muscular efficiency of the retarded child may be developed by experiences that do not involve knowledge gained from mastery of basic academic skills. Training in these characteristics is vital and can be started in the home from birth.



## 4.

### HOME TRAINING

Recent study data shows that more than eight out of ten of the mentally retarded can be taught enough to go out into the world to live with other people and be self-supportive. It has been agreed upon by professionals that the crucial period in the development of a child's intelligence is his *first three years*. A child's mind can be *stretched* and *strengthened* by stimulating contacts. It has been learned also that children who are apparently normal but receive none of the stimulation that comes from parents reading to them, talking with them, and playing games with them arrive at school age hopelessly behind others. They begin a pattern of failure that eventually results in a form of mental retardation. It has been proven that these children provided with special enrichment programs during their pre-school years can be saved from mental retardation. One of the quickest ways to produce subnormal intelligence and personality is to deny any child the opportunity for his mind, body, and spirit to grow through normal stimulating contacts and to be treated as a normal person. This is why the home, its environment and the training provided is so important in developing the potential of any child, retarded or normal.

It is my opinion that the retarded child and his family are usually best served when the child remains at home and goes to school or



Emotional security of a loving and understanding family serves to stimulate the retarded child to his maximum potential.

training classes when he reaches the proper age. If there are no other children in the family, then plans should be made for him to be with additional children who can be expected to be normal and who can accept the imperfect one for what he is.

This is a big order for a mother. Her handicapped child will need his mother's love, guidance, and faith even more than the normal children. However, the emotional security of a loving and understanding family serves to stimulate the retarded child to his maximum potential. Many parents are unaware that programs can be set up for these children in the home that are effective and helpful until the child can go to school. Consequently, it is this home training that I wish to discuss in some detail.

The special child's learning and training starts in the first month after birth. His first defect may be seen in his lack of ability to immediately connect the feeling of a nipple, whether of a bottle or the

breast, with food. So if at first the baby does not show normal signs of wanting to eat, possibly he is taking longer to assimilate the idea that the nipple means food. It takes a normal child anywhere from the first week to the first month to make this adjustment, though some adapt immediately. It will probably be necessary to allow much longer for this adaptation to take place with the deficient baby. Parents should not be discouraged. This is the starting point for the growth of patience. All ideas are going to come slower for this child, and there will be a need for parents to be on guard that they do not show by action or voice-tone that they are irritated because of this child's slowness. Even *this* child will soon learn to interpret an irritated voice or an impatience in placing a nipple in the mouth as a rejection. A kindness in the vocal-tone and gentleness in handling is a reinforcer to the child, and with it the child will continue to work towards his goal, using his hidden abilities. Parents often will feel the child is deaf because he shows indifference when they try to talk to him. However, they should disregard this and pick up the infant, fondle him, talk to him, show him pictures on the wall, or look out the window with him, talking gently about what he sees. It doesn't matter that he doesn't understand what is being said. What he does understand is that he is being cuddled, and a gentle tone in the voice tells him he has love and he is part of the family. He will try harder to respond to situations and be happy in doing so. A normal child learns to anticipate future events in a primitive way; he learns to show behavior patterns in his first 4 months. We can't expect this so soon from a retarded child, but it usually comes within a year. It takes a retarded child longer to assimilate what he sees into an idea and to use this idea. His slowness doesn't mean he can't do it. However, it does mean it is going to take him much longer, and maybe in some situations, he will not be able to function at all. He should not be pushed. He will do the best he can if he feels love and gentleness. Parents can be more positive by forgetting what he can't do and looking for something he *can* do.

Learning to expect regular events and the appearance of familiar faces helps the child develop a needed sense of security. When a child

is staring hard at an object or a face and then it moves out of view, he doesn't know it will come back.

When he begins to recognize a face, he may cry when it disappears as he has no reassurance that it will ever come again. He must learn through many repetitive reappearances that the person will return. When he fully comprehends this he will no longer cry when the familiar face disappears, but he will wait for it to come back. How long it will take the child to recognize a person is something we can't predict. Some children take longer than others. Development takes time and is a gradual and continuous process. However, a definite schedule of events established while the child is still an infant is important—a time for feeding, a time for bathing, a time for changing diapers, a special time for cuddling and talking to and a time for sleeping. This schedule should be carried out every day at the same time. The child will learn to expect these events and it will help him to develop a sense of security within himself. This security is most important in the progress of infant development. During the first year the baby has much to acquaint himself with, and as he doesn't show memory for past stages of learning, he may have to go back over these stages many times before he learns to do things automatically. For instance he may succeed in getting his thumb into his mouth, but he does not realize how to move the arm so as to put the thumb into the mouth when desired until he has tried for a long repetitive period. But, this is also true with a normal child.

In helping the child learn to walk and talk, imitation will be a key factor. The retarded child may be slow in walking, but he should be encouraged continually and gently. He will make it eventually. The same is true with talking. Until he studies faces and actions and *tries* to *imitate* these actions, he won't try to talk. He must learn to *imitate* before he can be expected to repeat or imitate what he hears said. Parents should start out with movement of the mouth as he looks at them. Until he tries to make his mouth move he will not utter sounds, and then many times uttering a sound is unexpected and might be frightening at first. In all efforts to teach the child, it

is important to remember to take small steps in learning. For example, he must learn to say *ha* before he can say *haha*. He will try many sounds if someone takes time enough with him on each sound.

Several methods of approach can be used in helping the child establish coordination. Before asking the child to pat-a-cake or perform other skills, be sure he can move his arms and body in accordance with his thinking. Parents should start helping him to recognize space by having him turn to them when they call his name. They can help him to follow a hand when they snap their fingers first on one side and then another, over his head, and back of his head until he can find direction and location quickly. Mobiles should be hung over his crib and they should be put in movement to encourage the child to watch them. Then, to train him to project his sight, the mobile can be placed at a distance. In helping the child to realize he can move his arms, it is necessary to start with one arm at a time. With a mobile of musical reactions over the crib, a string can be attached to the mobile and connected at the opposite end to his right wrist. Then the parent can move the child's right arm enough to move or create music in the mobile. He should be encouraged to make this movement by himself while his left arm remains quiet. This will need to be repeated with help many, many times until the idea is assimilated by the child, and he realizes he can create action or music. The same procedure is carried through with the left hand and also in establishing directed movements with the feet and legs. He needs these skills in order to develop. All of this worked at each day for a short time will eventually establish directed movement and start the thinking process in the child. He will also begin to identify a feeling of belonging and security.

The special child needs all the contacts and attention that are possible to give. Musical nonsense verse and nursery rhymes should be repeated to the child and lullabies sung to him the same as to a normal child. He will change from what has been a deadpan facial expression to one of smiles and alert expectation. The first year will be one of progress as the child becomes acquainted with his body

such as his arms, hands, legs and thumb, and he will need much encouragement. Whatever attention would be given to a normal child in learning to play must be applied again and again to the retarded before he will respond. However, he *will* respond, so it is important for parents to keep up the stimuli and to remember that he is responding as best and as fast as he can and they are *helping* him.

The baby will acquaint himself with the voices of both parents and distinguish between them if he is given adequate time. Since it is important that he hear both voices, *both* parents must share some of his play time. Given this attention he will find security. Because he is away all day, the father should set a regular play period just before bedtime for the baby. As this play period becomes expected, the child will look forward to hearing that particular voice and respond to it. Because one never knows the preference the child might have for father or mother, it is necessary that both parents take an active part in the daily program with the child. At this time I want to stress the responsibility and right of decision the parents hold concerning their child. It is their privilege to plan whatever method they deem correct for the training of their slower child. I quote from Jean Piaget,<sup>1</sup> "The very young child begins to search for success. If actions bring a sense of satisfaction they will want a repeat. Acts that succeed are preserved; those that fail are forgotten and disappear." Making sure the child succeeds in his efforts will preserve those efforts such as raising an arm to move the mobile. He will sense a feeling of accomplishment and pleasure and do it again. Desiring this repetition is the way he will learn.

The child should be taught to be alone some of his day and to entertain himself. At such a time, soft background music could be used. Any loud noisy music which might serve to overstimulate him and cause restlessness should be omitted. The quiet times are growing times when the child will seek to use parts of his body, to assimilate ideas he has gained, and to try out new reactions. It is at this time

<sup>1</sup>Ginsburg, Herbert and Oppen, Sylvia, *PIAGET'S THEORY OF INTELLECTUAL DEVELOPMENT*, Prentice-Hall, Inc. Englewood Cliffs, N. J. 1969.

the awareness of family, or socialization, is really begun. Possibly there has been some skepticism about the effectiveness of the family as a socializing agent. Nevertheless, training of all kinds takes place primarily in the home.

Learning the manipulation of a variety of objects enables the infant to explore visually the things in his hands. Therefore, it is important to *place* various objects in the hands of a retarded one when he is able to grasp them. These must be placed in his hands as he is not able to search for them in the beginning. By turning each of these objects at different angles and by holding them at different distances from his eyes, the parent can teach the baby the concept of objects. When the child is able to identify objects that are placed beside him and to reach for them, he will be using this concept that has been taught him; and he will develop greater ability in locating more things within his vision, even though partly concealed. At this stage the child will begin to search for a vanished object. If an object suddenly drops from sight, he will turn toward the sound of the falling object. He is no longer a passive observer of the disappearing object, but now he begins searching for it. Helping the hand to find it the first few times will teach him to try to locate the object which has disappeared. Thus we advance with the learning progress of the child, giving plenty of time for each step. When the child is able to lie on his stomach and raise himself to look around, many devices can be employed to help develop his manipulative and conceptual abilities, and he will be well on his way to learning the power of his own actions. The parents can be guided by behavior patterns of normal children as they are growing up. However, they must break down the steps for learning to be compatible with the level of the child's intellectual ability and go slowly, allowing plenty of time for the incorporation of each new idea by the child. With patience the child will eventually perform. The child will feel the parents' exhilaration at his accomplishment and be reinforced. We can expect the normal reactions from the child, but we must look for them *only* when the child shows signs of being ready to accept and try each new skill.

If the special child has brothers and sisters, they should be encouraged to share a short play time with him. It is important to explain to them how much this child needs their help to do things and that he *will learn* if given time. Care should be taken to ensure that the length of play time is not boring for either or any of them. Gradually there will be an acceptance, but even with the normal ones, this will take a little time for adjustment. They will be interested in learning and helping as long as they are not overtaxed with the responsibility. The special one will profit much by being with them. Time set aside for companionship with members of the family need not be too absorbing. The destroying of a brother's or sister's tolerance level is just as devastating to the retarded child as to the normal one and will not accomplish what we are striving for, *acceptance* on both sides.

When the retarded child is ready to move around outside of his playpen, an introduction to the many different areas in the home is nec-

If the special child has brothers and sisters, they should be encouraged to share a short play time with him.





essary; but it is also necessary that someone be with the child and give him a "guided tour." He can be shown one room at a time, but it should not be a "No-No" tour or we will reinforce a definite desire to explore those areas that are "No-No." One can start in the living room where low tables accommodate special pieces such as lamps, china and books. This means a slow and careful investigation. There will be a desire to handle things and pull down books and magazines if a child is left on his own. Rather than have such a pattern get started, the child should be taken to objects of interest and allowed with guidance to handle each object and talk about it (i.e., a pretty lamp). A lamp can be turned on and possibly the child can be allowed to have the satisfaction of turning it on and off. It may be the entire room will take more than the one tour just to explore everything, and a return trip will be wanted by the child.

When mobility of the retarded develops, the other children must still be allowed to have their privacy. They should not have their world of belongings invaded and destroyed, but the child should be permitted a "tour" of their rooms, too, to have his curiosity satisfied. When going into the rooms of brothers or sisters, it is most important that the child is allowed to know all about that room. He should be shown the drawers and told about the things in there. The parent can state that these are brother's or sister's, whichever the case may be, and we don't touch them. They are "No-No." Each drawer should be looked at and explained to the child in a positive way so that an atmosphere of great desire is not built up by saying in a forbidding tone, "Don't do this or don't do that." Such a tone will just create an innate desire to do that which is out of bounds. On the other hand, if the child is allowed to see or do a certain amount of investigation, he does not build up an uncontrollable drive of curiosity that is reinforced by isolation from the object without any satisfaction. If trips of investigation are given the child often enough, he will build up a feeling of satisfaction which will lessen his curiosity, and by the time he is ready to walk he will not have an insatiable desire to explore. By the time each room is explored in this way there is much learning going on within the child. At this time the

"No" has been introduced. After an off limit exploration has been completed, and the child has been told "No, you must not go in there or do that," then "No" is very emphatically announced each time it is necessary. If persistency on the part of the child continues, he should be taken away and placed in isolation or interested in something else. The parent *should not* give in by locking a door or putting an object away. This discipline is something the child must recognize and conform to.

### Feeding Skills

Probably one of the most important areas of learning for the retarded child is to learn to feed himself. Successful self-feeding can be taught the child. The training must be gradual and promoted only to the extent of his capabilities. Extra time and patience are required in this area. No mentally retarded child will be ready for training at the same age as most children. Readiness is determined by the child's physical and emotional make-up. There is no hard-and-fast rule, but rather one must use his good judgment in deciding whether his child is ready. The child must first show some skill in handling objects and toys, a desire for independence in doing things by himself, curiosity, and an ability to imitate before it is wise to start such a training program. When this developmental level first occurs, the parent must take advantage of this disposition before the child develops a firm dependency upon others to feed him. If this dependency is already an established pattern, it is not too late, but it will take much longer and much more patience.

In setting up the training time it is essential that it is a time when both parent and child are relaxed and there is plenty of time in which this can take place. To start with, the child should not be overly hungry, but rather he should be at an in-between time, when just a snack is needed. He will respond better if he is not too hungry. He must also be feeling well and not irritable, otherwise he will not have an appetite for any food. Distractions must be kept at a minimum, and whenever possible, the training should be done daily with-

out other family members around. If something interferes occasionally, it will not matter, but regularity is important. Parent and child must be comfortable in order to establish a feeling of security while eating. Security is very important if the child is expected to feel free in self-expression of any type. This snack time should be a fun time for learning. A table with a chair to match the height should be chosen and there should also be a seat that is comfortable for the parent. Training will necessarily be with one step at a time. I suggest starting out with the glass and a small quantity of milk or juice. Too much liquid in the glass can cause accidents, and it will be hard for small hands to hold. To begin with the child will need help in leaning toward the glass to drink and will need help in holding it. He must be taught to lift the glass to his lips instead of leaning down to the glass. He can be helped to tip the glass slowly until the milk touches his lips, and then he should be told to swallow without sucking as he has done with the bottle. The parent will have to watch carefully that he doesn't tip the glass too fast or too far, causing the milk or juice to run out of the sides of the glass and his mouth. This will take time and patience. We must remember to go slowly and not to spend too long a time to begin with. It is a trial and error process and much liquid will no doubt be spilled. The child should not be scolded for spills. When he gets more down than he spills, that's progress. A cloth can be kept handy to wipe up spills and wipe off the mouth. The parent should guide the child, but not do the lifting of the glass for him. The child should do this. The next step is the cup. This offers a brand new challenge as it involves skill in balance, in his grasping of the cup by the handle and in the aiming of the cup toward his mouth. Because a cup with one handle is a real challenge, it may be that a double handled cup or mug would be a wise suggestion as a training step between the glass and the regular cup. The glass should be out of sight when working with the cup. Real progress has been made when the child has learned to drink from a glass or cup, and he should be rewarded by being allowed, for a short time, to take his place at the table with the rest of his family and show off his newly developed skill.



When finger eating has been successfully accomplished, spoon feeding should be stressed.

The next step in feeding is "spoon training." The child no doubt has been fed several times *with a spoon* but feeding himself *from a spoon* is something entirely different. Several steps are involved. He must first learn how to grasp the spoon in the right way. This step may involve bending the handle of an ordinary spoon slightly in order that the angle of the bowl of the spoon be more comfortable for filling. The handle might then be wrapped with a facial tissue and secured by wrapping masking tape around the entire handle over the tissue. This will give the small hand a better grasping sensation. Spoon training should start with food of semisolid consistency such as oatmeal, Cream of Wheat, applesauce or mashed potatoes. The first problem now will be the filling of the spoon. The parent can help by placing his hand on top of the child's as he grasps the spoon. There should be enough pressure on his hand to enable the parent to bring the child's spoon to the bowl and then to help him scoop up a spoonful. This should be repeated several times by emptying the spoon and refilling in order to give the child a feeling of filling the spoon. Then the full spoon should be carried to the mouth. Upon reaching the mouth level the parent should say, "Open your mouth" and when opened help the child to push the spoonful into the mouth. As soon as possible the child should carry out the final step of "pushing" food in the mouth alone. The request "Open your mouth" may have to be repeated many times before the child responds to opening his mouth for food automatically. Sometimes it is even necessary to touch the lips with the spoonful of food before the child responds. For spoon training, a bowl-type dish, preferably with a rim around the top, is best. It will help get the food into the spoon instead of out of the dish. A child learns by trial and error so we must let him try and try again. If one step at a time is mastered it will avoid retraining. Food should not be forced on the child as this may cause a setback. Also, it is important to work with foods the child likes. His training period will be more fun, and there will be a sense of satisfaction if his efforts result in a pleasurable taste. Training should be started with small amounts of food. It is easier to get another helping than to discourage the child by too big a helping. The parent should name the food offered the child and

prepare these foods by different methods. Also, new foods can be tried in small amounts. The child may refuse more than a taste to start with. This is all right, as new foods can be tried again at another time. The child doesn't always reject foods because of the taste. It might be that the texture is so different it startles him, and he immediately spits it out. It is important that the child learn not to put too much food in his mouth at one time and he should be encouraged to chew with his mouth closed. The parent can show him how he chews with his mouth closed. This method requires a clear and clean nose as closed-mouth chewing needs air, and if the child's head is full he can't chew with his mouth closed. If he has a cold, it is better to wait until a later date to feed him solid foods. Feeding of thin soup with a spoon is another problem as it involves the angle at which the spoon is held. To start with he should be required to consume only a small amount by spoon, and the remaining amount can be poured into a cup for him to drink.

When parent and child have gone through all these training processes, there has been real accomplishment. The child is now able to feed himself and needs the reward of joining the family at mealtime. Joining the family will help him to learn both self-feeding and social adjustment. His first trips to the table may have occurred previously when he learned to drink from a glass and again when a cup was successfully managed. Now he has learned the final step, using a spoon. I would suggest that at first he be given only one thing at a time. After drinking liquid the glass or cup should be removed and then he can be given the spoon and dish. The liquid can be offered at different intervals as he desires. He will gradually learn to manage with the glass and bowl together, eating from one or the other as he desires. At no time should he be allowed to *play* with his food such as stirring continuously or putting hands into the food. At such a time without showing irritation, the parent should take the food away saying that we don't play with our food. The child evidently isn't hungry. There is no need for alarm even if he has not eaten as much as usual so far during that day or maybe the day before. He may not feel just up to par and rejects food. It's probably better he

not eat at this time. When he is hungry he *will eat*. He is also learning he cannot play with the food or it is removed. It may be a good thing to always remove the remaining food when it appears he has had enough so he will not have an opportunity to play in the unwanted food. Consistency in this area will encourage him to become a neat eater. Once again, a damp cloth should be near at hand so that hands and face can be kept clean. This also will instill a dislike for dirty hands and face and encourage a sense of neatness.

### Toilet Training

The next big step to be taken is in toilet training. Most mentally handicapped children can be trained in simple, basic self care. But we must remember, always, that we are working with a child far younger than his calendar age. In order to be successful in this undertaking one must recognize some key points. A regular routine must be set up and followed each day at the same time. A reward is also needed as reinforcement. This can be a big smile, words of praise, such as "good girl" or "good boy" or the child may be allowed cer-

*Learning is reinforced when progress is rewarded.*



tain acts he especially enjoys such as getting to use his riding horse or playing a little bit in the water as he washes his hands after the toilet session. The child must be ready for toilet training. Two important signs of readiness for bowel training are the showing of discomfort with soiled clothes and the ability to "hold back," even if only very briefly. This will give the parent a chance to hurry him to the toilet. The child will need a potty chair that is comfortable, and his feet should touch the floor. Keeping a chart of the time when bowel movements occur may help establish a general pattern for training. By taking the child to the bathroom a few minutes before he usually soils himself, his natural pattern is being followed rather than establishing an artificial one brought on by the use of a suppository, laxative, or enema. Bowel movements can occur once a day, twice a day, or every other day and still be normal. We cannot expect perfection, and accidents will happen after the child is supposedly trained. Learning is reinforced when progress is rewarded. To be effective, the reward should be appropriate to and associated with the action and given immediately after the act has been performed.

It is important to remember that toilet training is breaking a very well established habit at this time, that of having bowel movements and wetting in the diaper. Habits are hard to break and take more time than building a new habit, so patience is necessary. Readiness for bladder training comes later than that for bowel training. Most children can stay dry for approximately two hours, but in the beginning it is wise to take them to the toilet every half hour. The child should not be left alone on the toilet or potty chair because it is normal for a child to play with the genitals; and since this is socially undesirable, it can be discouraged and lessened by lack of opportunity. Reaction to such actions should be a gentle but firm "no" and distraction, rather than anger or punishment. When once the child relates his need to wet to the toilet instead of his diaper, he will start to progress. He should not be required to sit longer than 20 minutes as he is liable to forget why he is on the toilet. The parent should not be upset if the child is taken off and goes immediately in his dry clothes; it only means the pattern has not been es-



tablished because no satisfaction of relief or having achieved has registered with the child. The parent must keep on trying patiently and with controlled feelings. If too much stress is placed on these accidents and lack of control it might well result in a "bed wetter." Even a normal child's toilet training can be most discouraging at times. It will work out, and results often come when least expected. The child may suddenly run to the toilet and cry if he can't get there in time. Another try may bring results—at least he is well on his way to being trained. Both dressing and undressing are part of the training for wetting. Training pants are recommended. The child can be taught how to pull them down and up. Outer clothing should be planned for ease in handling by the child. In a complete toilet routine patterns are being established that will last for a lifetime. At this time the child can also be taught privacy such as shutting the bathroom door and always having the potty chair in the bathroom *because that is where it belongs*. Cleanliness is another important learning area in this routine. Infection can be avoided with careful cleaning. The child should be taught to reach from behind and wipe himself from the front to the back and always to wash his hands thoroughly, with soap, immediately after using the toilet. It is important that good hygiene be established early. Illness, frustrations, fear or insecurity may cause a "trained" youngster to revert to soiling and wetting again. Also, if there is a new baby in the home and the retarded child sees the baby changed and cuddled, he may recall that the same attention had been given him and it disappeared. At such a time a little more attention should be given to this child. He should be hugged more frequently and taken on the laps of both mother and father more often. The realization of his "loss" can thus be lessened.

### **Clothing and Good Grooming**

Among the many enriching experiences for the child is the privilege of relating to his clothes. Having a place of his own to keep them gives him much pleasure. He should be provided with drawer space as well as closet space with hooks low enough for him to be able to

hang up his own night clothes. He will also need low hooks for his outside wraps. In this procedure of hanging up clothes, the parent should be sure the child knows the name of each garment as he hangs it as well as the color. This all helps in vocabulary drills. It is also important that we consider the type of clothing the retarded child is expected to wear. He should not have some "hand-me-down" piece of clothing if it is too large or too tight for the child's comfort. "Hand-me-downs" are fine and necessary but only if they fit. This means skirts and pants are the proper length and there is no space of bare flesh at the waist on the child. Clothing does not necessarily need to be expensive, but as much thought should be given to the attractiveness of clothing for retarded as to the normal child, and maybe more thought should be given if we wish to add to the child's acceptance. By making the retarded child acceptable in appearance, he does not attract undue attention which might mean ridicule. The child has a sense of pride which can be fostered by careful dressing. The comfortableness of clothing is also very important in a school day. If a child has to sit all day in clothing that is too tight or that causes chafing, he cannot give an adequate amount of interest or attention to a school situation. On the other hand, if he is to be taught how to put on pieces of clothing or shoes and overshoes, they must be of a size that he can easily manage himself if he is going to profit in self-help training. The cleanliness of clothing is something else these children must be made thoroughly aware of if they are to develop a sense of good health habits. All of these things are important parts for a picture of well-being which is just as important for the retarded as for the normal.

Good grooming is a phrase that should become a symbol for these children and something that they can be taught to do for themselves. This means health habits must be something that are started early and followed through daily most of their life such as bathing frequently, cleaning teeth, washing hair, cleaning fingernails, keeping shoes tied and polished, keeping shirts tucked in, washing hands and face, and combing and brushing their hair. Bathing can start with birth and should be as ardently followed daily as any health item. First, a feeling of being clean is established. Perhaps it is not recog-



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nized as such for some time but desiring a bath is something most children grow to enjoy and look forward to, although great protests are made over the demand at certain ages. The most important factors in determining the success of any method are the attitudes and feelings with which the method is implemented. If the parents register a feeling of unpleasantness and weariness when faced with the need of a bath, the child will register a dislike for the activity because it does not make the parent happy. On the other hand if it is looked forward to as a pleasant time, the child will cooperate willingly. The child must not be left to do the bathing alone before he has learned how to wash different parts of the body well. Time should be taken to carefully observe the body as to bruises, cuts and sores that are not healing and to find out why and how such

were acquired. It could be most revealing information. If a shower is preferred, the child must be shown how to use it, how to soap the body well, and how to mix the hot and cold water to the right temperature before turning it onto the body. After the child has finished either bathing or showering he should be shown how to rinse the tub clean before leaving and what to do with his wash cloth and towel. The latter should be an important finish up, never to be forgotten or left undone.

The care and grooming of the hair is an important factor in the child's appearance and self-pride. Washing of the hair alone should not come before the child really knows how to wash and *thoroughly* rinse the hair. We need to stress the importance of drying the scalp and carefully combing the hair since it will affect the appearance of the hair when dry. Combing should be done with care so as not to snarl any more than necessary. The grooming of the hair should be often enough to keep the scalp clean, and careful brushing will help the hair to have a sheen. Then with a becoming hair style each time a cutting is needed, the heads of these children should add much to the acceptability of their appearance. Chopping off the hair in any manner, for instance when it looks like an inverted bowl has been used for the cutting line, can give a minus sense of self-esteem for the child and a negative impression for those who observe him. There is satisfaction felt in viewing a skillfully administered hair cut for either boy or girl. If the girl's hair is worn long it should be caught back away from her face by a barrette or ribbon so that it does not get in the way of her pasting or painting or in her food when she is eating. If the child is inclined to have very dry skin and scalp, care should be taken in the type of shampoo and also in the amount of soap used when washing. It is better to have toys to play with in the bath, rather than a cake of soap, to avoid the drying out of the skin, especially in the mongoloid child. Also it is well to remember when to put a salve on the upper lip and nose to relieve chapping. The nose must be wiped clean and the skin dry before putting on the medication, or otherwise one cannot help the condition to heal. Sometimes the use of tissues for continuously running noses can

cause irritation of the skin and has to be substituted by soft cloths.

As the boys and girls grow older, there is a need for greater hygiene. In order that this is made clear to each individual, there must be an explanation of offensive perspiration and how much more than soap and water is needed at times to take care of this. Parents can explain where the areas are that need special care daily and explain that there is a chemical in deodorant and in some soaps that does away with the odor. Also, attention should be given to the child's feet since many times they can be the source of extremely offensive odor and should be treated specially. The child should wear clean socks or stockings every day. Underclothes should be changed each day so that when the child goes to school he can look and smell as fresh as he feels after his night's rest and bath. If a child wets his bed, a bath in the morning is necessary as clean clothes will absorb the urine smell from the body. The child is going to be much easier to work with if the facts just discussed are carefully followed, and the people who work with that child are going to be drawn to him because of the freshness. The child will feel more comfortable, and it could mean a much happier and purposeful day for all concerned.

## 5.

### ADDITIONAL HOME TRAINING TO PROMOTE PHYSICAL, SOCIAL, AND EMOTIONAL DEVELOPMENT

After the child's early home training, which focuses primarily on basic developmental skills and personal habits such as dressing, feeding, and grooming, much additional help can be given the child to encourage his social, physical, and emotional development.

Achievement of adequate social adjustment and the maintenance of good personal relationships with other people are major aims in the education of mentally handicapped children. They have the same desire for acceptance, for satisfactory accomplishment, for affection and for friendship as the normal. However the mentally handicapped are not only limited by meager environmental opportunities, they are limited by lack of social experiences and social responsibilities. These can begin early and start right in the home. The first socialization begins with the family, which includes parents, children and relatives. It is important that the people whose acceptance the retarded wants be acquainted with the true picture of his problems so that they have greater understanding of his possibilities and the encouragement he needs. His first social experience is his acceptance by his family, and his home environment will determine to a large degree his future success as a social being. There isn't any more important area than the environment in the home that retarded chil-



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dren must grow up in. Environment affects us all, adult or child, normal or subnormal. It either promotes healthy growth of mind and body or arrests such growth and in some situations kills it com-



pletely. Attitudes greatly influence the home environment. Everyone living in a household has an effect on the influences of that household to a greater or smaller degree. If one person has adverse feelings regarding the actions in the home and expresses those feelings very strongly, it can really cause a great deal of discontent that would make it impossible for some people to live with. If adverse feeling is openly expressed for the retarded one in a home one can be pretty sure this child has sensed it before anyone else as these children are extremely sensitive to attitudes. The child will no doubt react to it in some way. He can't run away, he must live with it, fighting it as best he can. If the household is equally divided in attitudes of rejection, the child is confused and doesn't know how to react. Very often he withdraws because he feels rejected. Sometimes he tries to hurt others because he has been hurt, but most often he isolates himself. Unwanted and distrusted wherever he goes, he may move on "regardless," hostile, withdrawn and angrily defensive against another anticipated rejection. One child may be hopeless, weary and resourceless; the other, on the contrary, is at ambush, ready to break out with no apparent reason. He may be capable of attacking his target or its representative, with the pestification, "I don't care, I'm not wanted anyway." It is his way of expressing his despair and indifference to injury that he might cause to himself or others. It is the child's way of trying to destroy the rejection once and for all. Rejection can be expressed in so many different ways; but it is very seldom undiscovered by the rejected child who is alert to every change of facial expression and to tensions in the person feeling uncomfortable in his presence. The actions of this child become aggressive. He is sullen and stubborn and begins to look at all people with distrust. If there is a split in the feelings of the parents, this disrupts the child cruelly. Under such an influence there cannot be any tendencies toward stability, such as sound attachment to the home, neighborhood, grandparents or friends. If the child is misbehaving in such a way, the parents must try harder to determine why the child is misbehaving instead of being overcritical—a quality that increases the child's feeling of rejection.



Many times a sense of order in the home, at least in the retarded one's room, helps to solve problems or disordered actions.

The retarded child can be affected by many changes in the way of social living, and these affect his behavior.

Organization is many times lacking in these children and sometimes very hard for them to accept, except in music. This may lead to disordered actions. Their sense of disorganization may be greatly enhanced by feelings of disorder around them. Many times a sense of order in the home, at least in the retarded one's room, helps to solve problems or disordered actions. Not having learned to know in communicable terms what their feelings are, these children cannot help their puzzled observers to understand why they do not react positively to good examples. Lack of experience and understanding

of these children may cause the parents to become overtly annoyed and increasingly rejecting. The child may try very hard to keep the threatening situation from encroaching upon his world. Sometimes he will sit with his head sunk deep into his shoulders as though continuously ducking the expected blow from an invisible but present assailant. Sometimes when these children are approached, they may shrink or cringe and become more and more detached and unresponsive. Another source of problems can be the moving in of a new member of the family such as a grandmother, which can cause emotional upsets and confusion, especially if the retarded one is asked to share his room with the newcomer. It is an intrusion of their private world and appears as a threat to the mother's love and attention, and no one can actually share, unless from a secure position. Until this child who is under pressure can be won over by love and affection from the newcomer, he cannot adjust and accept the situation he has been forced to live in. This is not an impossible situation, it only takes time for adjustment by the child and a clear understanding is needed by the parents of the child's feelings and why the giving up of certain domains can be a struggle that will take time. The mere changing about of articles of furniture in a room can be most upsetting to some children and their cry for help when confronted by such a situation is exhibited by frustration to the extent that it can lead to catastrophic reactions or total blocks and withdrawal. When such graveness appears, it is best to let the child be as he is and move back the furniture to its original placement so that he can live for a time without menace. Slowly he will learn to accept the necessary changes and he can take part in the movement of furniture, piece by piece.

Such permissiveness for the child's needs will first relieve anxiety and slowly promote tranquility. Then limitations imposed by inevitable necessity will be accepted without resistance, and once again the cherished state of security is established.

In order that we help the mentally retarded to realize potentials to the maximum, we must deal with the strong interaction of forces

that affect the family. No child stands alone; he is part of a community; that which happens to the family affects the child and certainly the child affects the family. The tremendous anxiety, hostility, guilt, shame and rejection which build up in the parents must be relieved before the family as a group can help the mentally retarded realize his potentials to the maximum. These negative qualities can arise because the family's attention focuses more sharply on every action of the child. The parents may be so frustrated by their feelings of guilt and rejection to the retarded child that they overprotect the child, and since the latter has the same needs as the normal with regard to family life, social acceptance, etc., the problem of inadequate adjustment by the parents makes the child's adjustment infinitely more difficult. Nonacceptance by the community affects the individual parent and then the child. This affects attitudes which cannot help a child find his potentialities and certainly will not stimulate the areas of potentials starting to show. Thus, it is essential that the home be as welcome a place for the retarded child as for the normal children and above all, parents must strive to create this welcome environment. Retarded children want the same feeling of acceptance and will respond readily if the way is made clear. When confronted by situations offering complexities of handling, parents should ask themselves what they would do under the same situation if it were their normal child. When the retarded child feels he belongs, that is his first step in social experience. He will always be ready and eager to demonstrate each advancement he makes, and the family should stand ready to give him encouragement and recognition. This is building happy social experiences in a positive way.

Neighbors will play an important part in the child's socialization. When it is comfortable, parents should make it a point to introduce their retarded one to the neighbors through an act of kindness when possible. The child should be taught to greet the neighbors politely and cheerfully, the younger the better, as it is hard to turn away from the advances of a small child when made politely. An older child could find acceptance through an offer to shovel their walks in the winter, mow their grass in the summer, and rake leaves in the

fall. However, the child should be allowed to perfect these jobs by performing them satisfactorily at home before offering his services to others. The child should not be allowed to go into the neighbors' homes without being invited. This is a thought for serious consideration as people might accept the fact of the retarded child but might not want to pursue the social exchange any further. They do not want to share through association, and if forced by frequent unexpected visits, they might shut their door on all occasions. This could develop into an intolerable situation for the whole family. It might be best for parents not to try to make contact to begin with if the people are not ready for such an experience. They, too, have their limits and no matter how much we abhor their views, for the sake of harmony it would be best to respect their opinions and keep the child within limits. It is easier not to allow situations to develop than to erase hostile feelings when once they have been expressed. If there are those who are not ready to accept the retarded child, it is best for the child to play without disturbing such neighbors, but he should always be polite upon any contact made. This will do more to change attitudes than any other approach.

It is important that the child be readied to meet the public, such as going shopping, visiting the library and zoos, calling at the home of friends, eating out, and going on picnics. Each experience will be quite individual and will need to be approached calmly and will require good preparation beforehand. If the child is to go grocery shopping he must be told that he may touch only the things that are to be bought. These articles he can handle, and he might even be allowed to pick them out and place them in the basket. Being allowed to relate objectively to such items being purchased can establish enough satisfaction so that the child does not develop other drives. If correction turns on a tantrum the best treatment is to terminate the trip immediately, even if it means an extra trip to the store without the child. Not being allowed on this trip for a few times often remedies the behavior. However if the same performance occurs again, the situation should be treated in the same way as the first time. He may only be trying his parent out and when he is convinced he cannot

manage the parent, he will let the parent manage him and be agreeable in the bargain. This type of discipline can be applied in any situation involved in visiting. The phrase "We will have to go home" will have forceful meaning—the lesson will have been learned. When parents are visiting in a friend's home, they should not let their child wander about the house even though they think "he will not touch anything, he just wants to look." Maybe the hostess has her ideas about her things and is fearful. Even though she doesn't object, audibly, she may be thinking "this is the last time I invite her and her kid over here." In addition, such permissiveness is not developing a good habit for the child. There will be places he cannot always wander in, and if the pattern of wandering has become a habit, he will

It is important that the child be readied to meet the public, such as by going shopping.



put up strong resistance when checked. Also wandering could develop into a dangerous experience. Even when the child is full-grown, to be allowed to wander promiscuously could be dangerous and asking for trouble, so it is best not to let this type of behavior get started. The retarded child must learn by visiting libraries about the quietness that must be maintained and how he can be a part of it. One could even have a library hour at home when everyone must be quiet and only whisper their needs. These children need to learn all these rules by seeing them demonstrated and by demonstrating them themselves.

When "eating out," whether it be at a friend's home or in a public eating place, the best manners possible are a requisite. This pattern of eating has to be established in the home and by the child for a considerable length of time before the child can be expected to apply all rules automatically. He must see the desired behaviors carried out by members of his family. Then it becomes a simple application or imitation and something the child does naturally. These children can be taught to have the very best table manners if a pattern is set for him in the home. For instance, if the child is expected to have things passed to him by request, he must see others asking and having things passed to them. He must hear others say "please pass—" and "no, thank you" when appropriate. If parents want the child to know how to use a napkin, then napkins must be used at the table when he eats. When the child is ready and comfortable in applying these rules he is ready for a visit to a friend or to a public eating place. However, if the standards for behavior are violated by putting on a scene at the place he is visiting, once again the situation can be treated by not allowing another "invitation out" until mannerisms of good behavior are practiced for a period of time at home. I assure you this method will bring results and the child can be trusted to attend a dinner without any sense of embarrassment to anyone, especially himself.

Socialization, therefore, must be encouraged in the home and be started at a young age. Social experiences that do not lead to trouble

for the child and retard his progress by breaking his communication with others, are comfortable and therefore are establishing good habits of behavior. All of this is going to be most beneficial when he is ready to start school experiences as negative patterns of behavior will not need to be broken down before starting on good learning. It is well to recall here that it takes three weeks to establish a pattern and only three days to tear it down but those three days could be very crucial in the acceptance of the child in a school situation. The retarded child's emotional development must always be considered by those working with him. When a child is in the *midst of strong emotional involvement*, we cannot expect him to listen to anyone. He cannot accept advice or constructive criticism. He wants to be understood and for us to know just what is going on inside him at that *very moment*. Before anything can be accomplished, the child must have a sympathetic ear. It is important for parents to try to let him know they sympathize with him and understand. Perhaps it will take complete isolation from stimuli and soft music to reach him. However, we must not let him feel alone in his struggle. With a case at school of a boy with these unpredicted outbursts that came on suddenly, I found it effective to comfort him by holding him *tight* and talking until he had quieted down. Then I would try to find out what had triggered the outburst. He became familiar with this pattern, knowing I would come to him immediately and help him. Soon the outbursts were less violent and he would come to me for reinforcement. He finally accepted the fact that he could control himself and seldom had outbursts. Calm is established in many ways and is most always found by knowing someone cares and understands that he has a *perfect right to protest*.

The child's physical fitness is an important area of development. All America has been concerned with the problem of physical fitness of children and this can apply to the retarded child as well. It is in this area that, provided the child is in good physical condition, the retarded child has a chance of almost normal performance. Even if unable to achieve in a classroom he may be given an opportunity for approval and popularity through the accomplishment of certain physical





The child's physical fitness is an important area of development.

stunts. This has been fully demonstrated by the Olympics for the retarded sponsored by the Kennedy Foundation and offered every two years in Chicago. Any program of activities in the area of stunts and tumbling is most valuable and challenging for these children, and vigorous activities are essential for developing and maintaining physical fitness. When a child gains skill in handling and using his body, he also gains awareness of his own physical capabilities. This is building self-esteem in a very positive way. The fact that he is experiencing success among his peers provides an environment that will continually promote greater effort to achieve. Keeping a child in good physical condition is also of great significance if he is going to be able to function at his mental peak.

Before any program is undertaken to develop the child's motor skills and abilities, his physical condition must be thoroughly investigated. He cannot give full attention to a set program with ear trouble, blurry eyes, aching back, or an itchy skin. Therefore, a thorough physical

examination should reveal any area which needs care. After any temporary condition has been cleared, parents can then set out to find the limit of the child's capacities. They must begin with small steps taken consecutively to make sure the child is ready for advanced learning skills in motor activities, or in other ways, for physical education and recreation. The approach for physical development is through the gross motor skills, namely muscular strength, cardio-respiratory fitness, body balance and coordination, body speed and agility, and body flexibility. Because these five objectives are the first principles for physical development and can be applied to all age groups and classifications of the mentally retarded, they can be used as guide posts in setting up a program. We must always remember to have a gradual scale of performance built into each objective. We start with a task simple enough to assure some success and to induce enough challenge to assure continuous improvement. The development of the large and small muscles of the body does not come naturally or in sequence, therefore it is necessary to concentrate upon specific activities for this development. Every child can benefit from a well-balanced, carefully guided play program in bringing about physical fitness.

There are various ways to promote proficiency in the five areas of physical development. Exercises such as throwing, push-ups, sit-ups, weight lifting and jumping can be used to develop muscular strength. Another set of exercises including jogging, exercycling and treadmilling promotes high interest activities which are used to develop cardio-respiratory fitness. Body balance and coordination can be promoted by walking a 1-inch or 2-inch line, or a balance beam, working on the trampoline, hopping on one foot, kicking a ball, and doing the forward and backward roll. To help coordination the children try bouncing a ball, catching a ball, and throwing a ball at a target. For body speed and agility the shuttle run and relays are useful. The final object is body flexibility and this can be developed through running, throwing, swimming, trampoline, climbing, twisting and stretching. So many of these suggestions can be used at home in helping to develop physical fitness. A gym is necessary only as a

convenience. All of this will offer an area for dad to work with his boys especially, and girls, too, can be included in many activities. The children's benefit will be twofold: 1) They will have a chance to become familiar with the working of their body, and 2) they can reach for very normal physical goals. This development is something that parents can feel a satisfaction in helping with, and it will afford a source of normal conversation with other brothers and sisters in the family. Success can be had if parents start with very very simple tasks and advance slowly in order that the child does not feel pressured because of too much too fast.

One can see how easily physical fitness works into recreation and creative play. Physical activities can cover the play interests and developmental characteristics of the child on a year-to-year basis. The best activities that are suited to the child, his interests and physical abilities must be considered. The development of children varies greatly from child to child, and children have varied areas of interest. Physical activities should meet the child's interest levels and promote the needed exertion for healthy growth of muscles. Young children greatly enjoy simple imitative activities. These not only exercise the body, but also the imagination. The TV is an example of teaching through example as in football or baseball. Most little boys can pitch a ball with all the flurries of a professional through watching a TV ball game. It is good for retarded children to learn to play games. This they can do, but again directions must be few at a time and presented very slowly. Very simple games such as "Drop the Handkerchief," "In and Out the Window," and "Gray Duck" are thoroughly enjoyed by retarded children. As these simple games are mastered, others can be added, and the child will find great joy in these new participations. Besides, the socialization brought about by the participation in games is more important to the child than the object of the game. When the game calls for a circle formation such as in "Drop the Handkerchief," it is most helpful in several ways. The impact upon the child as he walks around the circle with the handkerchief, "all eyes" upon him, presents a psychological lift. Being the center of attraction is socially desirable and necessary for a

child. Other games help but none have the potential of the games that call for a circle.

Young children greatly enjoy imitative activities.



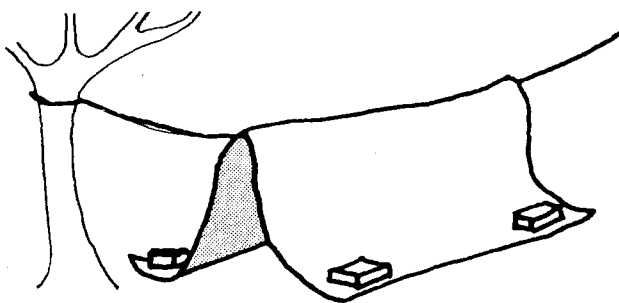
## Summer: A Home Routine, Camping and Swimming

When school closes for the summer the daily routine will be broken for many. At first, the first 5 or 6 days, it will be a wonderful release for the children to sleep late in the morning, with no lunches to put up, no transportation time table to meet. In fact, no schedule. This may be fine for the normal child who can organize and set up his own schedules, but for the retarded child, this "out of routine" is very frustrating. After the first few days, he cannot be a part of anything. He is lonesome and bored. His frustration takes the form of unacceptable behavior. This is unacceptable to the other children, the parents, and to himself. What is the answer? Parents must help get the retarded child back into routine as soon as possible. Maybe it will be a summer school program for 6 weeks. Morning sessions are preferable, thus leaving the afternoon free for leisure time and relaxation. He can take one half a day, but a whole day is not recommended. An afternoon routine can be set up at home where perhaps an older child will take over, but it must be without exceptions. If the child does not go to summer school a home routine is necessary. This routine must be carefully organized, broken up into periods of different diversions. It should begin at the same time each day in a location that will remain the same for all time. There should be a period for looking at books or finding pictures in magazines; a time for cutting out these pictures, another time for mounting in a scrapbook. Enough sitting. Some action is necessary. Maybe a walk, a trip to the store, library, or park; with mother or someone responsible. Upon their return, there can be a period of listening to records, with some crackers for a snack. A play period in the yard, with play on the swing or in the sandbox will bring the morning to a close, as lunch time now draws near. Time proportioned would mean a busy time from 9:30 to 10:30 with a trip to a store or elsewhere; 10:20 to 11:00 records and cracker time; 11:00 to 11:30 outside free play in swing, etc., 11:30 to 12:00 time for lunch. After lunch, mother can encourage a quiet time alone in the child's bedroom, with the child reclining and choosing records or music on the radio for quietness. This should take up until 1:30 or later. It de-

depends upon whether the child sleeps. By adhering closely to such a schedule, the mother will find that she has a much easier summer. Possibly, if the child doesn't go to summer school, parents could find an older boy or girl who would take over a morning program that was outlined for them.

Acquainting the child with the wonders of nature can provide him with a source of interest and activities. His attention can be directed to the busy ants crawling back and forth clearing out the sand from their underground homes. This can be a great fascination to the child *if* the business of the ants has real meaning to him. Birds also can be a great area of interest. Parents can help the child note the colors and the songs and help him to use field glasses to see the birds and squirrels at closer range. Father can put up a bird feeder and bird bath with the child helping, and the child should be aware of what each is for and how it compares to his own eating, drinking, and bathing. Have the child make a scrapbook on birds and visit the library to look up materials for his information and enjoyment. If available, he can visit different buildings at a university which offer a study of animal life. Butterflies are another of nature's wonders. Parents can explain the development from the caterpillar to the butterfly and look for and find the cocoons on bush branches spun by the caterpillar. There are fine exhibits to be found at the library. This encouragement takes time but it is well worth the effort as the outside world will begin to hold much interest for the retarded child. It is something that will repeat itself, it will always be there, and it is free.

Another entertainment suggestion is that of making a tent by pinning two blankets to the clothes line, and stretching out either side, holding the sides with stones. This never fails to delight all children, re-



tarded or normal. This might even provide companionship for a time with older brothers and sisters. However, it is best to have two tents so that the retarded child has his own and doesn't upset the

others by the way he handles playing in the tent. Children can eat lunch out in their tent and possibly have it up all day, and even sleep out there. A pool is something that always holds interest for all children. A wading pool can be used for the younger ones where they can become familiar with splashing and playing in the water. Filling cans and pails, dumping and filling is good for them from a sensory point of view. Parents can set up a row of empty cans and a small pail to be filled with water from which the cans can be filled. Being careful not to spill or learning to stop pouring when the can is full offers a challenge, and the acquired skill can be later used to fill their glass of milk from a pitcher. A soft cloth or sponge can be introduced and the child shown how to squeeze out the water from either and then wash off the swing, chair or bench. One can even suggest scrubbing off the walk. Children are delighted to perform in many ways with water, and it gives the muscles a good workout besides keeping them busy and entertained. A small juice can which can be held comfortably by a small child and a small two-inch wide paint brush can be used to paint steps, a fence, or even the side of the house as water will not be harmful to the object or child. The fact that they can feel they are painting can stimulate them for quite a period of time and make them happy. Learning to play in small pools can take away any fear of water and thus prepare them for the next step, swimming. Most of them can be taught to float, swim, and dive. Swimming is indeed very good therapy for them and opens a door for very fine muscular development besides being a protection to them. There are an endless number of things that can be added for the child's entertainment, and one will be surprised at the kinds of things that turn up when a person is alert for such material. Parents should not be afraid to try new ideas because one never knows how fast or readily the child might adapt to a new activity.

A summer camp can provide many beneficial experiences for the retarded child. I would hope each child will find acceptance in a camp where he can sense an independent separation from home and where he learns independence in many forms. This camping experience is highly recommended for the retarded child, but of course it must be

a camp accepting retarded children and where counselors are familiar with the opportunities a camp can open for the retarded. Considerable maturing and independence can develop during a camping experience. Besides being good for the child, a camp visit gives the family a chance to be by themselves and for mother and father to have a vacation alone. We all need time for complete relaxation, and this can be had when the welfare of the retarded one is provided for, and the child is in a happy situation. Even though the cost may seem high, many benefits are derived including the parents' temporary release and the child's tremendous exposure to socialization and learning. The fact that he learns to function outside the family influence offers reassurance that the future holds a little more hope for independent living, something we must all set as a realistic goal for our retarded child.



## 6.

### SPECIAL TRAINING HELP FOR PARTICULAR TYPES OF RETARDATION

#### Adolescence

We are coming into a period through which all children must pass sooner or later and a very important time which calls for even greater understanding and parent closeness. This is the period of adolescence. For some it comes at a normal time, for others much later as well as much earlier. It is wise to be ready from 10 years on. Possibly the girls will menstruate at an earlier age, but no matter when it comes it has to be accepted. In most cases with the girls, all goes very smoothly in spite of the feeling of the mother that it will be an almost impossible time because of the personal care each girl must learn. But no matter what approach the mother takes, every girl should know about menstruation before her eleventh birthday. A mentally retarded daughter is like other girls in many ways, particularly in her physical development as she approaches adolescence. Although her mental age may be more like a young child of 4 or 8 years, she could start to menstruate at a calendar age of 10 and she most certainly should be told about it before it happens, to avoid unnecessary fears. There is material available to be read at this time put out by Marion Jones, R. N., Educational Director, Kimberly-Clark Corporation, Neenah, Wisconsin. By writing a re-

quest, the material will be sent. The information is possibly all that a girl with a mental age below 8 years could absorb. She will need constant guidance and encouragement in the necessary practice of hygiene.

Young persons display considerable uncertainty regarding their place in society in adolescence. They are neither an adult nor yet a child. This adds to their confused thinking. Many grow so rapidly that all of their energy is used up just growing and their resistance is very low. They become sluggish and lazy through no fault of their own. The path from ice box to television is the extent of their activity and results in overweight problems if not watched closely. There is a lag of interest in school work and no desire to promote any unnecessary learning. This can sometimes go on for as many as 4 years and then suddenly there is a change—a sort of second blooming—new interest is stirred, a desire to be part of a group comes back and a real desire for renewed learning is started again. How long this lag will go on can vary with each individual, but parents should remember to be patient during this period. These adolescents do not understand the why or what of their body change and probably need greater reinforcement and affection to help them over this uncertain time. The perplexities they encounter tend to be destructive to the ego rather than constructive. The physical laziness, coupled with an extra accumulation of weight in some cases, tends to lower ambition and create a feeling of agitation as well as fears. Adolescence means a broader scope of years with these children than is usually considered adolescence. For many, this period begins early and runs into the early twenties and then levels off into the second blooming. I have found through observation that after puberty is over, the young folks are no longer concerned about personal feelings and their previous school awareness returns. With emotions and fears more or less under control, their relation to society becomes more mature. New desires to explore once again are exhibited and new learning takes place. They once again become pleasant social beings. I have seen one pupil who never desired to hold a pencil, develop through self-



All children are fascinated by tools and can use them appropriately when shown how.

pride and self-control into a beautiful writer that could match and excel examples of normal handwriting. I saw this same individual develop self-awareness to the point that a self-imposed diet took him down from an overweight lug to an active and slender young man. Reading improved somewhat, but the academic area was probably the least affected. However, that was the least needed in the workshop program he was readying himself for. What was noticeably affected was his personality and adequacy in occupational and social areas.

The older the mentally retarded child becomes, the more problems he has and the less able he is to find a substitute for what he cannot do. This will cause parents to observe that the older the child, the more unhappy he may be. He finds it increasingly harder to find playmates or friends. Parents must be sure they are helping all they can by their positive concept of the child. No two children will react the same way or come back with the same degree of zest and fervor from their adolescent lag, but there is still a definite amount of personal improvement and greater amount of active potential after puberty. All parents can do is face this phase of growth with faith in the child and understanding for his concern. He should be allowed to remain with his class without pressure until he can once more gain self-motivation and proceed on to his goal whatever level it may be.

All home training is geared to developing the child's potential. A potential is not actual but possible or capable of being or becoming. That is why we must stimulate or set up a stimulating environment in which the potential can develop or grow. A normal child is stimulated because of his potential, but our retarded child must have the potential stimulated for him. For instance, we find children, especially boys, fascinated with tools, and when allowed free time with any tool they make waste by not knowing how or why the tool is used. If it is a hammer we can provide the child with a hammer and nails and a board he can pound the nails into and then show him how to handle the hammer. A good beginning can

be achieved by a piece of styrofoam, wooden pegs and a wooden mallet. This will not expose the child to a hurt finger or a sharp nail until he is familiar with the handling of tools and adjustment of the force to be put on the mallet.

If a child shows a great sense of order he can be helped to use this in keeping his things in order. He should be given a special area of his own, and shown how to keep it in order. Then, he should be taught tasks that can furnish a great sense of orderliness when carried out, such as clean sweeping of floors or sidewalks. It is important that he learn how to stay with a task until it is finished. If a child likes to draw, he should be furnished with pencils or crayons, paper and a good place for drawing. He can be encouraged to perform in his area of interest, whether it is outlining, coloring an area of just blots of colors promiscuously placed. He must be shown how to explore before he can show us what he wants to explore. A retarded child has no idea about his potentialities. He does not know whether he has some skills that are more important than others or whether he is personally suited better for one kind of work than another. And, of course, he has little notion of the vocational avenues that have use for his potentialities. He will need much counseling in order to understand himself better; he must have a good mental picture of what he can do better and how it can be used in a work situation. He must know how he is to behave under given conditions. All of this will be made possible as he matures and advances into vocational training in a sheltered or unsheltered workshop where his potentials will be useful aids in his life pattern of work.

It is essential to recognize that much of the personal and social progress made by the handicapped boy and girl must have a habit-formation basis. Also, good habits of work and social participation will be formed most effectively under conditions in which the child feels a bond of friendship and trust between himself and his associates and thus is inspired to imitate those helping him. In this respect, a retarded child differs to no great extent from a child of average intelligence. The children must learn to enjoy useful and

satisfying occupations, and good habits learned early will help them in later work situations. They must learn to put their things away neatly and carefully when not in use. They must learn to keep their rooms neat and clean and to use a wastebasket. They must see to it that their clothes are hung up in a neat and orderly way. They must be responsible for tasks assigned to them and be relied upon to do them without being reminded. Any task they can do at home can help reinforce this work pattern, and besides being helpful in the home, they can share in its functioning. Being helpful to others and willing to perform common tasks will be essential if they are to achieve any degree of independence and economic usefulness. In addition, they must develop ability to see a very simple project through to completion. A pride in achievement of simple tasks is an essential to the adequate adjustment of the retarded child as is the satisfaction growing out of greater achievement enjoyed by more capable children.

Up until this point I have been discussing challenges, needs, and training suggestions which apply to all types of retarded children. Some particular types of retardation require special methods of approach in the training given these children.

### **The Brain Injured Child**

A definite routine is most important to this child's comfort. Order can be promoted by furnishing his room with things of interest to him such as a record player which he is allowed to operate or on which the parent places records, low hooks on which the child can be taught to hang his clothing and a shelf on which toys can be kept within his reach. Parents can help the child to keep order by helping him put things in their proper places. Such an activity should be part of his daily program at home. If it is possible this child should have a room of his own and his own routine established and strictly followed, such as the time for getting up, washing, dressing (including cleaning of teeth), and eating breakfast. If the child is not in school, a special time program should be

set after breakfast which will encompass sitting at quiet work at puzzles, games, or blocks. If possible, the mother should include herself in a small part of this planned time and *make it regular each day*. This could be followed by outside play in an enclosed area with a swing, sand box, jungle gym, slide or possibly a basketball. Then there might be a walk with someone or a trip to the store, library, or some other place of *interest to the child*. This type of program could take up a morning. After lunch there should definitely be a period of quietness where the child can relax and sleep, if he will, while listening to quiet music. Later, part of the day should be given over to free time. If this type of program is *rigidly followed through each day* the child should find security and happiness and therefore be much more comfortable and have fewer frustrations. It is essential that parents maintain stern discipline so that the child does not manipulate them rather than accept their word as final. The child needs limits set firmly and if he can't work around his parents, he will conform. Conformity is a very important achievement for these children, and the sooner they find happiness in this, the sooner their life will lose some of its thorniness.

### **The Retarded Blind Child**

The goal for the blind child is, as for all children, the growth and development of the whole child and the realization of a healthy personality which will help him to become an independent, well-adjusted adult. In order to achieve these goals, the child must feel complete acceptance so that he will be free to develop according to his own individual pattern. He should also be permitted to share experiences which are real for him with great understanding by family and friends.

Many approaches are necessary in working with the retarded blind child. Voice tone and personal contact are important in working with the retarded blind child. This child will need to find security in the tone of voices that surround him. He will listen and learn

love and acceptance from the tones of voice. In contrast, harshness in voice, handling or counseling can create a feeling in the child of being "shut off" and destroys any urge to accept his handicap or to help himself. There may be a possibility that the blind child will lose all motivation under such a harsh environment and take on patterns of behavior that will block the development of potential progress and cause the child to regress.

Many of the approaches in sensory training can be used in acquainting the blind-retarded with a world they cannot see through their eyes. The images necessary for use in their identification of objects and sounds need to be gained through other senses, especially the sense of touch coupled with association in everyday living experiences. Anyone working with blind-retarded must keep all explanations very clear and simple so that the trainee can follow with understanding all of what is being said. All irritation or discouragement must be kept out of the voice of those presenting material because as I have said before, the tone of the voice will establish an attitude of either acceptance or rejection for the blind child as a person, and the rejected child will refuse to work and perhaps carry a grieving heart. These children must feel that they are loved and that people really want them to learn. This will establish a feeling of acceptance for what they are rather than what they are not. Also, those close to and working with these children must realize that conditions of blindness can range from complete loss of sight to a slight loss of sight.

The blind child, through our efforts, must establish security and self-esteem, and he must accept his own blindness as well as the attitude of society before he will desire to learn. Help along these lines needs to be accomplished before the child is ready for a planned program.<sup>2</sup>

<sup>2</sup>A program of BASIC FUNDAMENTALS IN EDUCATING THE BLIND-RETARDED, by Louise Whitbeck Fraser, may be obtained by contacting the Fraser School, Inc., Richfield, Minnesota. This may be helpful to those working out an approach for these children.



## The Retarded Deaf Child

Deaf children need to feel accepted, and the only way they can feel assured of that acceptance is by the expression on the faces about them. They may be suspicious and feel everyone is talking unfavorably about them, so they have to be reassured of their acceptance by personal contact and a smile.

Much of their learning comes through their eyes, and in presenting material to the deaf, we must of course rely on sight. In trying to tell deaf children about an apple for instance, they must be shown an apple tree and an apple and be helped to relate the apple to the tree. Then after the tree is in bloom, again the apple is shown with the blossom. After the blossom is gone the small apples along with the ripe apples are shown. This procedure continues until the apples are mature. The children will get the whole story and understand it. Words such as apple—tree—blossoms—should be repeated continuously while this demonstration is carried out, and the children should be encouraged to attempt the formation of the words until they gradually say them audibly. Scrapbooks with pictures of household items in bright colors are important. As each item is shown, the names should be pronounced slowly and emphatically. The children will watch and start their lip reading until they can be fitted with a hearing aid. In addition to watching speech, a deaf child can learn to understand through hand movement, facial expressions, and pantomime. Also, his observation ability can be developed. For instance, walks where objects are named and things are explained to him will help him become alert to his surroundings. Also if riding in a car, street or highway signs should be talked about. If the child's training continues using these methods, gradually he will begin to understand and to feel that someone really wants to help him.

Most of the deaf retarded children have no verbal language, but they must begin early with lip reading. This does not mean that these children do not communicate nonverbally. They express inner feelings and meanings by body movements. They show fear, enjoyment, anger,

hunger and other feelings through their expressive body behavior, prompted by lip reading. Such nonverbal communication precedes speech with the help of the right speech therapist. Young children have unusual ability to interpret and to communicate nonverbal meanings, and these means of communication have significant value throughout their lives. A deaf child never vocalizes for pleasure, but he learns to use his voice to call attention to himself. He uses gestures and understands gestures of others. In presenting all material, patience and repetition are essential. There is a great fear of the unknown in the deaf child, and his security is established by being allowed to go slowly, taking small portions of learning at a time. When he is fitted with a hearing aid, it should not be forced on him too quickly. He may have to wear it at home and for only 10 minutes at a time until he becomes familiar with it and accepts it. When once he accepts situations and the placement of things and people, he will motivate himself into trying more.

Additional help for the retarded deaf child can be had both through a school program and through the help of a speech therapist who desires to work with this particular problem. A school situation where social development can be enjoyed is a must for the deaf. But, I must make the timeworn statement that a school cannot accomplish its goals unless the home works hand in hand with it. The greatest stress should not be placed on academic skills in school. Skills should be stressed only to the extent that the child can comfortably progress. More importantly, these children must necessarily be offered a rather wide variety of classroom experiences if their needs are to be met. They will need maximum stimulation and growth in the development of adequate speech, acceptable personal habits, self-control, group adjustments, sensory discriminations, and coordination. The final evaluation of the pupil in regard to his training potentials may depend upon his achievements in these areas. Therefore, while the classroom program will be built around habit formation and social training, it must be broad enough to meet the needs of the unusual pupil who is capable of improvement and eventual work in an programs for the educable. Let me say here, it is surprising how many of these children can be worked into such classes.

**Early Childhood Autism** is most difficult to define. The odd behavior and affective disturbances seem more likely to be related to an attempt by the child to meet the demands of the world with inadequate equipment for communication. His disorders progress regardless of environmental conditions. It is very difficult to recognize an autistic child as he is usually nice looking and graceful in movement but also has very special movements such as jumping up and down, spinning round and round, walking on tip-toe and flapping his arms and shaking his hands. There is some destructiveness, such as head banging, rocking, mouthing, and handling small objects. Many of these actions can be explained as an attempt to make sense out of a seemingly chaotic world. This pattern of behavior does not happen all at once but rather is a gradual buildup of mannerisms.

There is great difficulty changing routines once established with these children. If the child at three to four is approached by someone he likes, he shows pleasure; but if not attracted to them he completely ignores them. These children are insensitive to pain or cold and seem unable to localize a sensation. They often show unusual tastes or interest in certain smells, or identify objects by licking or tapping them. The autistic child, or one with autistic tendencies, is often very difficult to reach. He has a great fear of the unknown. Therefore, when he is enrolled in a school program, it is all very strange and he has no assurance of security in the future. This situation is often very upsetting to the child and is expressed in defiance toward the teacher and activities of the school. A rigid program must be set up so that each day follows in close order with the one before. Gradually assurance and cognition developments are established and accepted by the child. In order for the child to relate to experiences, he must be approached with caution and firmness. It is much easier for these children to relate to inanimate objects rather than to people or to any form resembling a person such as dolls or parts of the body such as a hand or a foot. These objects, if offered, will be ignored or thrown violently aside. These children accept music in almost any form and will relate to musical instruments because they are inanimate.

Autistic children have a strong feeling against sharing their home. If visitors come to stay for any length of time, such as a week or two, or even for an afternoon or evening, it poses a threat to the child and promotes bizarre behavior. This can be modified greatly if the parent sits down with the child before the visitor arrives and explains the situation; even though the child does not appear to be listening, he is hearing. The length of the visit should be mentioned several times so he is fully aware there will be an end to the visit and all will be back to normal.

Any radical change in the home furnishings, especially if it is the child's bedroom, without advanced explanation can cause a regression in behavior. Often it is as hard for those in the home to accept the child's reaction as it is for the child to accept the change. Again, time should be spent in explanation to the child. Gradually a faith in his parents and an assurance of security will develop in these children but it will come gradually.

## 7.

### A SCHOOL PROGRAM

My initial task has been to help parents by giving aids in home training and discipline by presenting important goals to be reached, and by trying to provide an understanding of the broad scope of problems facing the retarded child. I assume that parents will find a school for the child when he is old enough. A school program should stress first the motor and perceptual skills and social development. For the later adolescent, vocational development should be emphasized. I want to briefly discuss the philosophy which I think should be the basis of any school's program for retarded children. Also, I wish to present what I have found to be a very effective approach for helping retarded children learn, that of music therapy.

A positive philosophy toward learning is necessarily going to be the basis for a school's success in dealing with retarded children. All retarded children can learn on some level. Also, these children never stop learning if they are encouraged. In working with the retarded, we must change the slogan "They could if they would" to "They would if they could." It is then up to parents and teachers to make sure the children can, or in other words, to help them achieve some amount of success in their undertakings.

In order for the child to receive the maximum help, parents and teachers need to attain a mutual understanding of each other and of the nature of the child's problems. Every child has his own potential, helped or hindered by his individual handicap and personality. By working together, parents and teachers can help solve the child's problems. In school the child should be placed in learning situations where he is the most comfortable. Then his reactions may be studied to see if the situation is benefiting him, and if not, a change may be made and evaluation begun again. In this manner, through trial and error, the child is placed into situations as advanced as possible. Individual evaluation is again needed if reports on research prove that something new is successful. Teachers and directors are constantly growing in knowledge and judgment as they

In order for the child to receive the maximum help, parents and teachers need to attain a mutual understanding of each other.



pursue their daily work. This advanced knowledge is passed on to the child as rapidly as is recommendable for individuals. The proof that this method is working is seen by the progress made by the children. It is not always in an academic area that they will progress, for some children require a greater amount of social developmental stability before they are ready for any academic influence. Some perhaps can never achieve academically. But if the child can skillfully perform a repetitive job and he is recognized for this, then hopefully he has or will sense a feeling of fulfillment. With this encouragement his self-esteem is raised, his confidence is bolstered, and his motivation is established, and by making attempts in new areas he may find greater ability in different fields of endeavor.

It is most generally recognized that the performance of these youngsters is determined jointly by *cognition* (know-how, habit or recall of what has been learned) and *motivation*. Failure at a task can result from weakness of cognition. That means they will have to learn more in the know-how of the situation—they have a weakness in the establishing of a healthy, helpful habit, or they are deficient in the ability to recall what has been learned. The strengthening of either or both of these areas will probably solve the problem partially, if not in its entirety. However, failure can also be the result of the lack of motivation which is equally important if success is to be attained. We recognize the importance of having an incentive in our own reaction to tasks. The right incentive, I am sure we will all agree, is a determining influence on the degree of effort put forth in accomplishing a set task. So it is with helping our special child, but so much depends on the environment under which the child must work.

The proper environment must exist if motivation is to be present. It has been found that competition and continuous verbal encouragement are more effective than either the control condition (initial instructions to do well) or the tangible goal condition. This would lead us to believe that "self-esteem" is a potent motivational aid in improving or sustaining the severely retarded. If the person working with the child is able to make a receptive approach which the child accepts, then there can be effective guidance given to the child. But

just as a normal child, who does not like a certain teacher, will not work willingly or effectively with that person, so it is with a retardate. There is a complete lack of incentive to motivate either of these children. The retardate has just as strong likes and dislikes as the normal but perhaps he can detect attitudes quicker. A critical or rejecting attitude erects an instant wall between the two with the child on the inside, refusing to come out. This mannerism might be described as stubbornness or obstinacy. Whatever it is, the child has sensed that he is not accepted and a person does not want to work with him. He is hurt and resents this feeling. On the other hand, if there is a kindness and closeness existing between the retardate and the worker, followed by smiles and verbal encouragement, then the child is exhilarated and the inner drive to "want to do" comes to the surface and motivation is in the driver's seat. As long as the child has the promise the smile gives him, he will be motivated to work at his task and a correct environment has been set up where motivation will work.

Sometimes a goal is set where the reward for reaching it is to allow the child to perform certain cherished activities such as ride the rocking horse, play with building blocks, or go outside. Incentive motivation is a close parallel to operant conditioning, only the incentive is the key to unlock motivation while operant conditioning forms a happy conclusion to goal reaching. The worth of the incentive may be lost if the subject to be explored has no interest for the child. The subject matter must have some measure of preference. It is recommended that a child be given a choice of two to five objects and be allowed to show his preference. This will help his incentive. This choice should be paired off with the goal reward or operant conditioning reward. In this procedure each subject is permitted to point to his choice or take possession of the object to be worked for. This method has proven to be quite reliable and it is reported that substantial agreement on preferences is recommended. Interesting are the reports among the retardates in their choices of prizes. The mental age of 3 years 4 months to 4 years 6 months corresponded to a chronological age of 6 years 1 month to 17 years 10 months, and





An inner drive to "want to do" exists when there is kindness and closeness between the retarded child and the worker.



A child should be given a choice of two to five subjects and be allowed to show his preference.

the choice of prizes included bubble gum, balloon, charms, marble and paper clip. These were in agreement with the same prize preferences expressed by "normal" children (estimated mean MA 4 years 11 months mean CA 3 years 11 months). This information is furnished from INTERNATIONAL REVIEW OF RESEARCH IN MENTAL RETARDATION.<sup>3</sup> A report from the same book also states that "the retardate who possesses little in the way of inner resources that he can trust, is likely to be more strongly influenced by the immediate environment situation." Thus, he is influenced by conditions such as a sense of relaxation, absence of hurry, sense of order in approach, quietness in surroundings and calmness in the tone of voice used. This we could define as social reinforcement. One must remember, too, that an incentive can introduce into the experimental situation responses that are antagonistic to the criterion behavior. It sometimes happens that the stimuli intended by the investigator to serve exclusively as clues or as information, turn out to possess unwanted reinforcement properties and have to be dropped. Perhaps the situation is more than the child can handle at the time or it overstimulates and thus blots out developmental effects that the incentive is supposed to create.

A discussion of motivation must necessarily consider punishment and discipline. We have a number of old adages such as "Spare the rod and spoil the child," which advise us that punishment is a necessary condition for the proper development of a child. Yet we have all witnessed the situation where a mother shakes or spansks a child, and the more she does it the more the child screams and stubbornly refuses to meet her demands. How does such a conflict teach the child respect and provide discipline? Punishment is so widely held to be necessary and is so frequently applied that if it were effective we would have a Utopian society with little or no misbehavior. The word, discipline, often carries the meaning of a negative approach—the enforcement of restrictions. True punishment and discipline have a very important place in the training and control of the child but they must

<sup>3</sup>Ellis, Norman R., Ed. INTERNATIONAL REVIEW OF RESEARCH IN MENTAL RETARDATION, Academic Press, New York, 1968.

be used in the sense of producing desirable constructive behavior. We must remember that rewards encourage and punishment deters and inhibits. Different rewards affect behavior differently. One must observe what aspects of behavior respond to variation in the characteristics of the reward. INTERNATIONAL REVIEW OF RESEARCH IN MENTAL RETARDATION edited by Norman Ellis, states that *all* children go through the same stages of development but at different ages and different times. Therefore, we can follow the motivations which promote learning in all children. There are certain goals for all children to reach and these goals can be reached by different approaches. A controlled group, for instance, is told to do well by verbal phrases such as: "You are doing just fine" or "Your work shows you are doing it correctly." A "tangible" group is stimulated by being shown at the beginning the reward they will receive when the job is completed. A third group works for a tangible goal reached with indifference expressed by parent, teacher, or volunteer. It has been proven that the tangible goal group who were encouraged verbally were the strongest performers, while the controlled group was the weakest. The tangible group without encouragement fell in between the first and the last groups.

The groups were composed of six children from a retarded group with mental ages of 3 to 4 years, and chronological ages of 6 to 17 years, and six normal children of 3 to 4 years of age. It was interesting to note that these children were all exposed to a choice of rewards, and the choices were the same. Naturally the institutionalized children or retardates suffered greatly from deprivation of adult approval and affection and were strongly motivated by the same. It was also found that satiation was reached early in the normal child. Preschool normals expressed preferences for certain tangible incentives while the preschool retardates responded better to verbal reinforcements. More often than not, the mentally retarded exhibited inferior performances compared to the normal controls. Norman Ellis notes that the mentally retarded, as well as the normal, show that the first few years of a child's life are not based on theory building, but modified on the basis of the consequences of his acts. Every child is



Music—an effective tool in the education of the mentally retarded.

oriented toward success. Any act that succeeds is preserved and pursued. Acts that fail are dropped and disappear. Whatever meets with success to the retarded is repeated. In one sense it is a drive for closeness and attention that they need in order to belong somewhere. They are trying to understand their environment and not merely exploit it. Some events are intentional and goal seeking and require motivation. No child, mentally retarded or normal, can accomplish his intention without trying to bring it about. The "try" must be fulfilled before a personal act can succeed. It is in this opportunity to promote motivation that the volunteers, teachers and parents play a very important part. The task set upon to be performed must have its correct

motivation and the task must be within the reach of the child's ability and interest. One must use different methods with the child "who isn't trying" and the one "who is not able to do the work." The child must be motivated in some way to try as hard as he can by some of the above mentioned methods. As has been noted, *motivation* is the key word at this stage of learning, but there must be great interest before motivation can take place.

Those children who have modeled their behavior after that of their parents resist influence by teachers or volunteers. The primary means of obtaining long lasting desired behavior patterns is through rewards or reinforcements. Rewards may take many forms—food, gifts, or school privileges—but the most effective and at the same time the simplest form of reward is verbal approval. The several related conditions of acceptance, security, approval and affection are by far the most potent forces with which to influence human development. To continue to shout or threaten is of little value. Consistent and immediate enforcement is of paramount importance.

### **Music Therapy: A Tool for Teaching the Mentally Retarded**

The Louise Whitbeck Fraser School uses music therapy as the basis for all learning. We want to improve the chances for these children fitting into community living in every way possible. The surest way of helping is to gradually build up structures and concepts at the child's level. He will make his own advancement as he is ready.

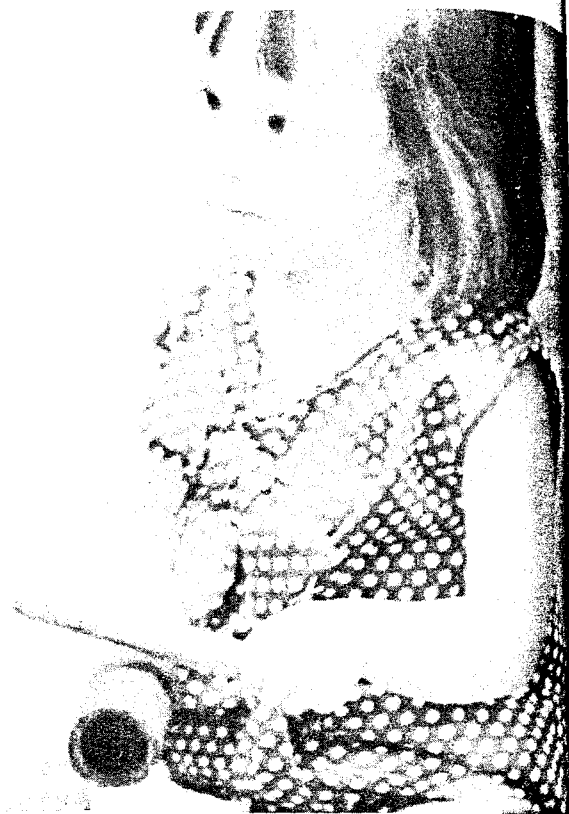
There is a very special reason why this type of a program was augmented. Research proved that music therapy was beneficial in establishing the best rapport with the special child.<sup>4</sup> This information was gained by a careful study of the overt behavior of children during and after exposure to a full music therapy program. Music is unique and powerful in its influence on human behavior. It can ben-

<sup>4</sup>Special child includes the retarded, the brain damaged, the cerebral palsied, the emotionally disturbed, and any child requiring a special program for individual needs.

efit the handicapped child and the ill by helping them to change negative behavior to better or positive behavior. In order that this change in behavior can take place within the child there must be a secureness within that child, developed through consistent and patient disciplining of the child's will by his therapist. He must "will to do" right of his own volition and find his reward in the attention gained by the mastery of his aggressive impulses. This is brought

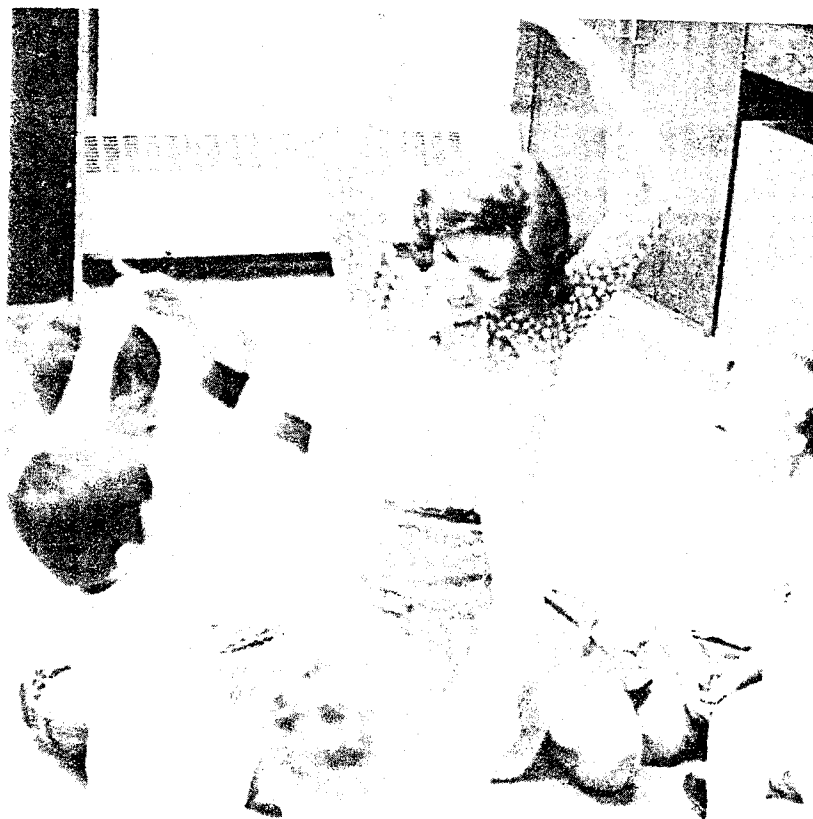
Music can be a very effective reinforcement.







Music provides nonthreatening learning situations.





about directly and indirectly by the therapist who has set an ultimate goal in order to bring about this desirable change in behavior. Sometimes this is done individually, sometimes in small groups, and sometimes music alone elicits this change in behavior. Much of adaptive behavior is not affected by genes or the number of chromosomes, but rather it works in areas that are external to the organism. Therefore music therapy will profit the child most when used in a multidisciplinary approach such as in speech therapy, occupational therapy, etc. Behavior changes have been noted to occur in aggressiveness, attentiveness, autism, boisterousness (and the like) within the child. The establishing of these facts through close observations and deductions has caused me to take a close look at what stands out as most fundamental in music. Where do we start in music with the child?

The use of music to influence mood and change behavior.



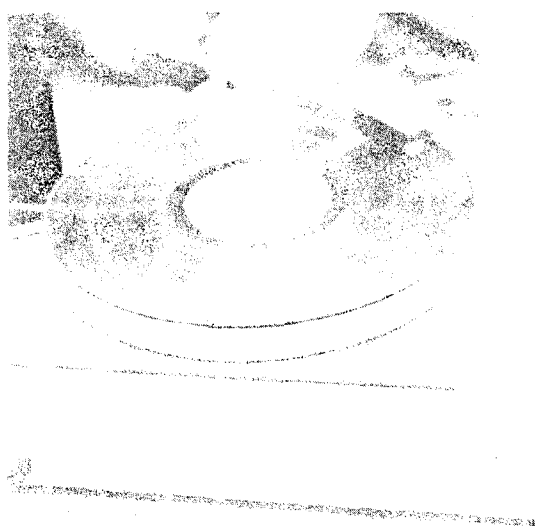


Music encourages participation.

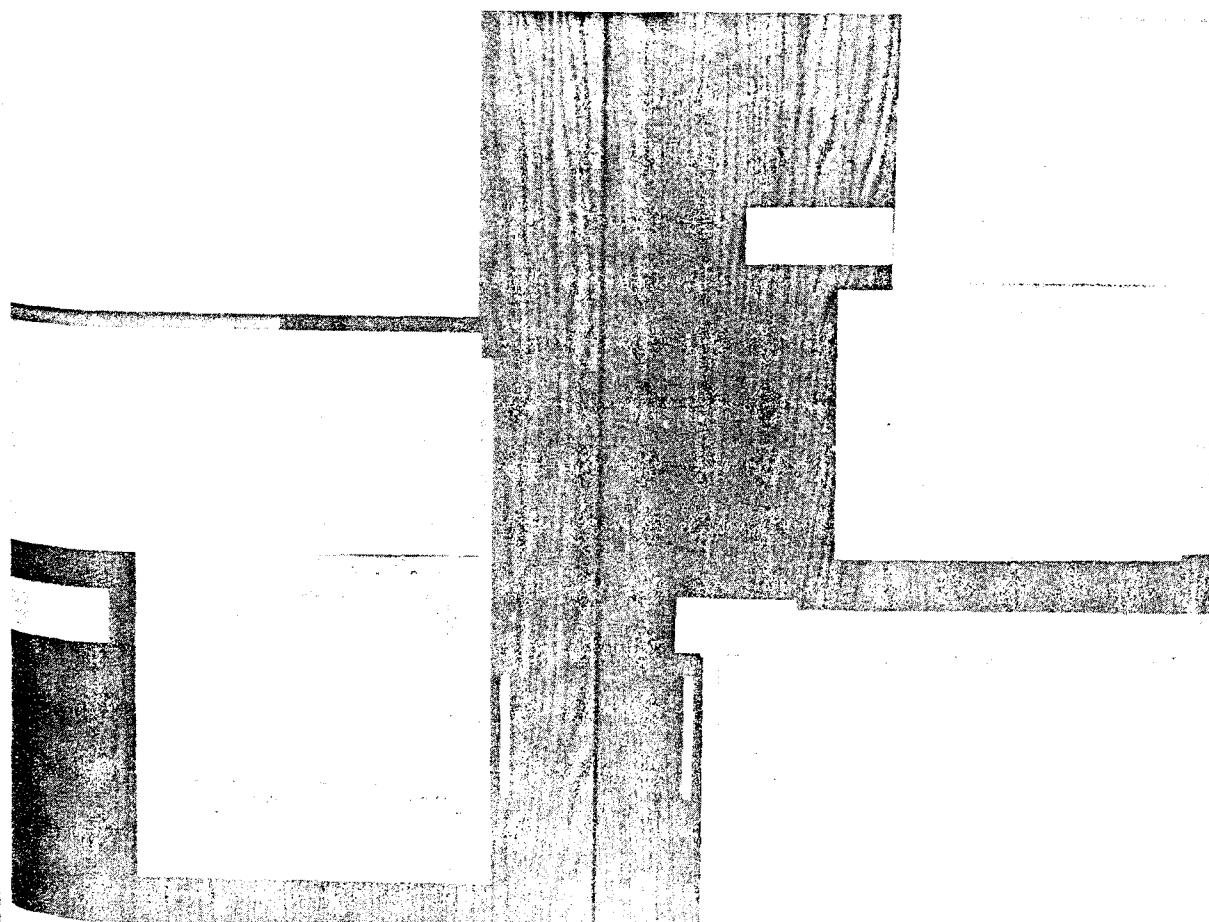
Before a start is made, let us define what *music therapy* is in relation to retarded children. Identifying each word by goals and usage is the first step. *Music* is the tool for the therapy to help children. Therapy is the method by which the goals are reached. A therapist should be in charge of the developing of such goals. Structured progression must be outlined, and the creation of a therapeutic relationship realized. The environment in which this program is to develop must be one of quiet harmony in order that the correct atmosphere prevails. It must be an atmosphere where the child can rid himself of undesirable behavior. Before "casting off" a behavior pattern the child must be clearly aware of the unacceptableness of his behavior

and must be isolated from the group whenever such a pattern is exhibited. Before being allowed to reenter the group, a quiet and reassuring talk is carried on with his therapist. The child must realize why certain acts cannot be tolerated under any condition. He must *always* be isolated immediately when such behavior begins to appear. He will soon learn nothing is gained from it, and he will begin to pay attention to the music and the feeling it creates within himself. As he listens, he will unconsciously release his emotions and purify them through the use of the correct music. This type of music must be found through testing the type that can bring tension release in each individual case. This is true therapy at work. Keen insight on the part of the therapist can establish the acceptance of help by the child. A clear understanding by the therapist of the problems or handicaps that govern or limit the child is necessary. The therapist must be aware of the child's abilities as well as his limitations in order to be sure that an impossible achievement is not demanded from the child.

As the child develops and grows in adaptive behavior, his personality will be affected. This personality change must be observed and changes in music made when and where necessary. Mood music can play a very definite part in this area as we build for endurance and stability of feelings. The child must work toward self-discipline and controlled emotions so that a completely new pattern of behavior may be established. Then the structured situation will become a part of the child's personality. Music as a whole must be studied to determine its use in effecting desirable responses for given situations. The first beat that awakens a response in music is the accented rhythm. There could be no music without rhythm as rhythm is an organizer and energizer. It is in those two areas that the special child needs to gain control. It seems that the rhythm of music soothes the individual and reduces anxieties. It prepares the way for new approaches by making the individual aware of the fact that he can manipulate his body in accordance to directions. Music therapy also enables children to act together in groups after being individually evaluated. This is very important because the ultimate goal for our students is an accepted social behavior. *They* must be able to act together comfortably and ac-



The use of music to develop academic skills.





Music to promote social interaction.

ceptably. We must become aware of the fact that the *handicapped* child has lacks in social interaction and social behavior. *"It is precisely with such people that music, because of its true nature, is beneficially influential in persuading toward better patterns of behavior."*<sup>5</sup> Music involves individuals so totally that it becomes a communication to them and furnishes some of the atmosphere to encourage motivation for group participation as well as individual responses. The group participation is important because many future life experiences depend solely on whether or not individuals can identify themselves comfortably in a group situation—working in a workshop, on an assembly line, or otherwise. There is much for the special children to discover in themselves, in their behavior toward one another, and in their group activities. The more mature they become in these areas, the more successful will they be.

Music therapy begins by allowing the retarded in beginner's classes to accomplish many of the same things that the normal child does,

<sup>5</sup>Gaston, E. Thayer, *MUSIC IN THERAPY*, Macmillan, New York, 1968.

such as learning to interpret and follow in action the instructions communicated by the music. This is accomplished by learning to listen and recognize and understand what they are hearing. The handicapped individual may be led to a healthy acceptance of his limitations because he finds a satisfaction in achieving normal responses and receiving recognition of such responses. As he develops a healthy interest in a music program, he lengthens his attention span because his interest has been aroused. He learns how to listen, how to isolate sounds and identify them. He learns self-discipline and a happiness in relating to others. The beauty of all of these developments is that he has been relaxed and secure in his reactions. This type of growth and the various areas in which the growth is developing, is affording a true background for experiences in greater learning.

Anyone working in music therapy with the retarded will find that the retarded often respond more readily to music activities than to most other activities. Adaptive behavior in the music room activities has been of increasing interest. An effort has been put forth by some specialists to understand how and why such children respond to music as they do. The use of music therapy for those who are mentally retarded has grown more rapidly than any other use of music in therapy. Probably one of the greatest problems of the special child is communication. Either they have limited use of words, or particularly, as in some cases, they are nonverbal. This makes it difficult for others to contact them, and thus there is a problem in relationships. Music, because of its nonverbal communication, offers a natural method for establishing a desired contact. Interaction can be achieved in nonverbal as well as verbal situations. Group participation is so necessary for the retarded in order for them to adjust and find the few social contacts open to them. Many of them function at an extremely inadequate level in interpersonal activities and music is an excellent medium for group experience.

Through this experience gratification and self-esteem (a basic need) are realized. They need to feel secure. Music provides this security through its inherent inner order and structure. Security can be en-

hanced through the musical experience because of the positive feelings engendered. Another important value of music for the retarded is the aesthetic sensory experience. Gaston says, "The significance of the aesthetic experience of music for the individual is, that without it, he would be less complete as a human being. Children of our culture and children of other cultures need music for their healthy and normal development."

In planning a music activity program, the therapist must know the developmental level of her pupils. An interest in listening developed through the use of graded short, simple, melodic pieces enables them to lengthen their own attention span by increasing their interests. Gradually structure and concepts may be developed, depending on abilities and needs. If simple and rhythmic songs are presented, the children will participate; at the same time there should be a certain amount of repetition to meet the retardate's interest and social level. These experiences will improve their chance for better fitting into the community and environment in which they live. For best results, a continual review of such needs will always be a guide in setting up adequate programs for the handicapped child.

## 8.

### NEW HORIZONS

All workers in the field of retardation, teachers, and most of all parents of retarded children need to share encouraging facts when research has revealed such findings. One very fine book is INTERNATIONAL REVIEW OF RESEARCH IN MENTAL RETARDATION, edited by Norman Ellis and published in 1968 by Academic Press of New York. It is a study of a number of original papers by specialists in psychology, medicine, special education, and speech and is a fresh evaluation of current thinking on mental retardation in a new era of professional optimism now emerging in the field. One of the new thoughts is that mental retardation is often a *behavioral problem* rather than strictly a matter of medical diagnosis and treatment. Thus, when distinct and desirable changes have occurred in the behavior of the retarded, it has often been assumed that there had been a mistake made in the diagnosis, and the child was not really retarded in the first place. This viewpoint is still held by many, but it has been seriously questioned. As a result, there has been renewed and reasoned optimism emerging. It is being confirmed that appropriate adaptive behavior can be "shaped" in the retarded child, even among such individuals as those regarded as subtrainable. The fact that the government has supported such research and activities is proof in itself that many believe this has been a neglected field. It is now felt that a child is not diagnosed as retarded because he has an extra chromo-



some, but rather because he behaves in certain maladaptive ways. Recent research has rejected I. Q. as the *sole* criterion of mental retardation primarily because measured intelligence does not always correspond to social competency. Ellis rejects educational and intellectual measures as criteria of arrested mental development and maintains that the inability to adapt to the environment, to live independently, was the best criterion. On the other hand, others suggest that both social incompetence and subnormal or subaverage intelligence should be used as criteria for mental deficiency. Regardless of the differing criteria used, the subaverage child has more of a chance for development today than ever before. No one can say how right or how wrong we have been in the past diagnosis or how much can be accomplished in the future for each individual child. However, simple classification is no longer reasonable; an overall functioning in adaptive behavior is a truer picture. I, alone, cannot classify a retarded child. His behavior is modified by his emotion, social adjustments, and maturation. Any student entering this field today can do so convinced that he will be more than a passive observer and custodian of nature's errors. His will be a rapidly developing field in which much help is needed and much satisfaction felt.

New hope has begun to appear for the mentally retarded and their families as there has been a revolution in research. Basically this revolution has two big goals—the prevention of mental retardation and providing the best of help for those already afflicted. There has been a prediction made that we will accomplish more toward overcoming mental retardation in the next five years than the world has accomplished in all the last 500 years. Although this advanced prediction will not help now, it is good to know there is continued work going on for prevention as well as the better understanding of present day programs. As the revolution in understanding progresses, we have been learning encouraging things about retardation. We know definitely that mental retardation is not mental illness; neither is it a sickness. It is a condition that can be altered within limits. A retarded child can be made much worse or much better, depending on the treatment of that child. The majority of these children are neither phys-

ically deformed nor socially unacceptable. A great majority of them can be educated and trained to support themselves and to live useful lives. But, they all need a helping hand and encouragement. More and more business places are realizing the feasibility of employing a retardate because of the stability of the retardate on a job. They do not give up because of boredom or because they want a change. A repetitive job is assuring rather than monotonous.

Educational research in mental retardation is expanding rapidly, and there is a tendency for research to follow existing patterns of investigation rather than break new ground. Still there are many new and fine books conveying much encouragement and reinforcement for both parents and teachers who are eager to acquaint themselves with current thinking in this field so they might become a greater force in helping those in need. The following list of books are recommended reading.

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## 9.

### SUMMARY

In conclusion I think it important to discuss the retarded child's heritage, for in this heritage we find the guiding principles for our efforts to help him grow and develop physically, socially and emotionally. When we think of heritage we think of that which comes to or belongs to one by reason of birth. It is something reserved for one. This can be applied to the care of the child from the time he is born through the full period that he needs guidance and help. This applies to all children alike, only the special child will require a much more prolonged period as part of his heritage. Perhaps this is a little different approach to and use of the word heritage, and yet in a broader sense, the special child does inherit the need for someone to be responsible for him. Therefore, as a summation of my guide for parents of retarded children, I include an enumeration of the rights the retarded child inherits.

*He inherits the right to be disciplined.* This must be in all areas that influence his growth: physical, social, emotional and intellectual. As the special child grows and develops, he should have the same privilege of being disciplined in the same areas and manners as a normal child. Limitations must be definitely set and respected. This means special firmness and consistency must be emphasized, and there must be continual repetition of an act as long as the need is there before



He inherits the right to be disciplined.

a child can respond independently to it. All children learn at their own rate, and to some the area of comprehension comes slower so we must not give up or become discouraged. If parents are firm and stand their ground, when the child has been convinced they mean what they say, he will conform.

*He inherits the right to help with household tasks.* The child should be trained for self-care around home and later at school. Parents

should choose the best time for each training period and set this time aside *every day* and hold firmly to it. This time should be a happy time together, and the child's ability will grow as encouragement and smiles are used as a form of reinforcement therapy.

*He inherits the right for outdoor activities.* Physical growth should be encouraged by outside play where the child learns how to push and pull objects on the sidewalk or on a smooth surface and to sit on toys that can be propelled by the feet. It is not advisable to let him try to use pedals on toys too soon. The child should be taught how to play in a sandbox without throwing sand, how to run without falling, to skip, to jump, and to throw and catch a ball. This all is taken in steps and some cases will need much repetition, but it all is in an area that needs help and discipline for both parent and child. In planning outdoor periods, parents may want to change the time of day, but it is important to have a certain time set aside *each day* even if it is no longer than fifteen minutes.

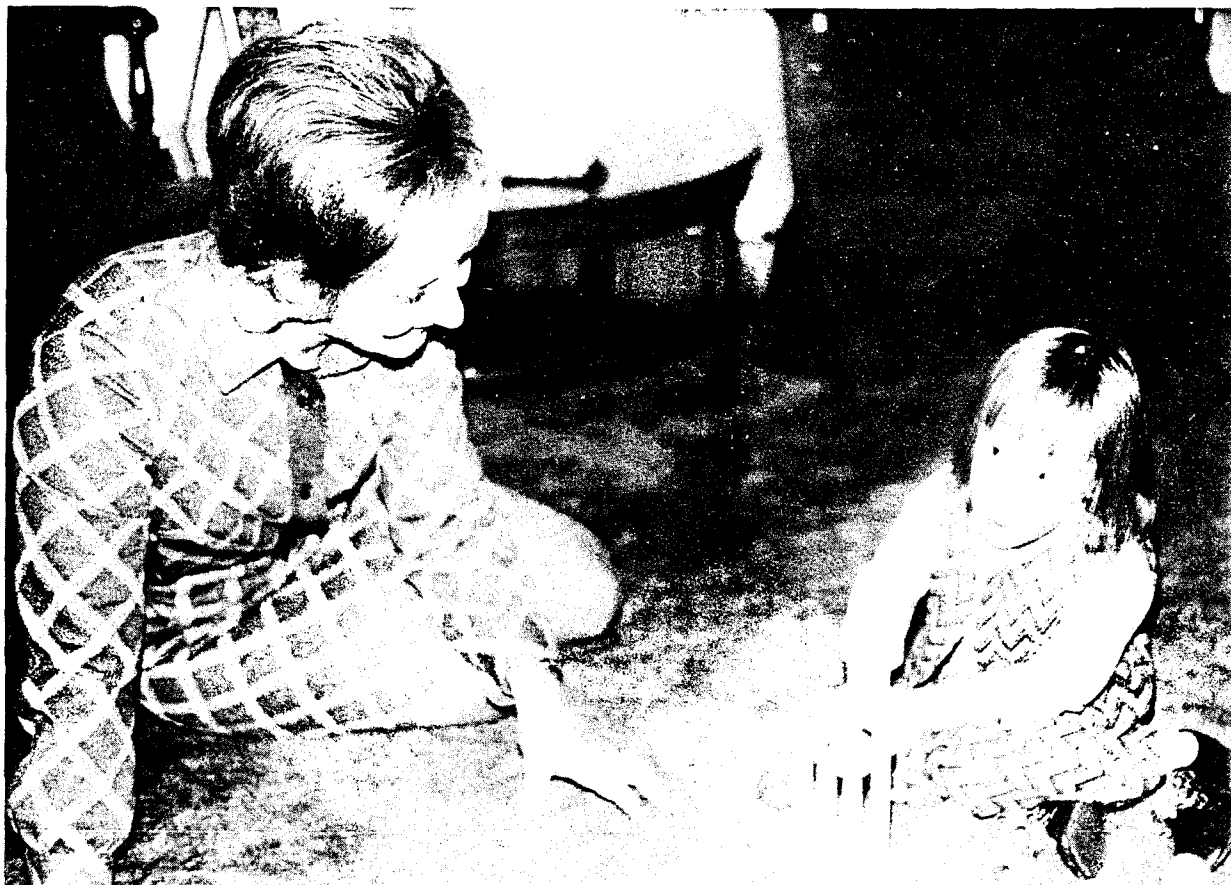
*He inherits the right for some time alone with mother.* Mother should plan an *inside* period so that the special child has a certain time *alone* with her. They can go into a room and close the door, and she can tell the child, "this is for just you and me. No one can come in." Sometimes it is wise to start out with a surprise box. This box must be prepared beforehand with some kind of a surprise for the child to simply just look at and handle or with some simple thing that he can do with mother. To begin with, she should spend only a short time, maybe as long as the interest lasts, doing or talking (ten minutes). Then she can say, "Now we are going to put this back in the box, put the cover on the box and put the box back in its place." Preferably the box should be placed on a high shelf in a closet out of easy reach of any child. If the child protests, she should pay no attention, but continue completing her task. She can lower her voice until her last command is a whisper—"Tomorrow at exactly this time we will come back and no one will know but you and I." If he finds out his protest has no effect, he will cease protesting and start look-



He inherits the right to help with household tasks.

He inherits the right for some time alone with Mother. (Bottom photo)

He inherits the right for outdoor activities.



ing forward to his *time alone with mother*. This time alone is very *important*. It makes the child feel that his mother loves him very much, and he needs this security.

*He inherits the right to develop as an individual person*. As the child begins to develop his smaller muscles, large color crayons, large beads for stringing, peg boards and puzzles can be introduced by the way of the surprise. As the child develops the ability of handling each object alone, he can be told that this is going to be placed in his room for him to have when he wants it. Parents must make sure there is a place or shelf in his room for him to place these acquired toys and see to it that each time he is through playing with it, he must put it back in its place. If they hold to this very strictly, soon he will form the habit of putting things in their place. Not only that, but the realization that these are his own things and his own shelf will act as a stimulant for keeping his things in order. From here we turn to putting his clothes away. Hooks should be low enough for him to reach and, if he shares a room, he needs a drawer which he recognizes as his



He inherits the right to develop as  
an individual person.





He inherits the right to  
establish self-pride.

own. He should put his clean clothes in his drawer after they are laundered. Carrying out this sense of order is most beneficial as he is not able to establish a feeling of order unless shown how it feels to have things in order. And, the feeling of his own things will encourage his development as an individual.

*He inherits the right to establish self-pride.* Personal appearance is important to establishing self-pride. When the child is ready for pre-school training he is going out to meet the public. He wants acceptance, in fact, expects acceptance and here is an important heritage area, his personal appearance. The teachers and volunteers who are to work with these children are ready to accept them because they want

to, but it is so much easier to be wholeheartedly enthusiastic about a child if he is personally attractive. This means his body and clothes are fresh and clean. A clean child with the aroma of soap and water makes one eager to work with him. Hair should be well styled, clean, and well groomed. If a girl's hair is long, it should be pulled back or turned up on the ends and trained to look nice. Hands should be washed and nails clean and trimmed. If the child is clean and attractive, those working with him unconsciously gather him closer, and this makes him feel very comfortable. Also, a neat appearance gives the child a feeling of pride in himself. Clothing is also important to the child's appearance. It need not be expensive or new, but the style should be becoming and it should *fit*. In well fitting clothes the child is able to give better attention to his work and certainly the class as a whole takes on a much more pleasing appearance. These suggestions are given with the greatest compassion and desire to do all possible to take away any negative feelings that otherwise might have lasting effect on the progress these children could make. Please believe me, I say all of this with the kindest of feelings to the family. I am only trying to help parents avoid "pitfalls" that I have found unnecessary if given a little forethought. The very kindest of mothers have accepted any suggestions I have found necessary to make in the spirit it was given, and as a result the total appearance of my school is most acceptable from an outsider's judgement.

*He inherits the right to normal social experiences.* The social heritage which is the special child's requires him to be respectful to his peers and persons of authority and courteous to all. Being very careful to be polite to one another in the home sets an example the child is quick to imitate. If parents are careful to say "thank you" for acts of kindness shown by him, he too will say "thank you." If he eats at a table where food is passed upon request, he will learn to request instead of reach. If the words "excuse me" are used appropriately, the child will learn to use the words appropriately. This way of teaching social etiquette is much more effective than any other way that has been tried. In an atmosphere of kindness and consideration an emotional upset is easier to avoid and the child inherits the right to grow

He inherits the right to  
normal social experiences  
such as Scouts.



up in the best environment possible. If the home operates under regulated rules, consideration of others, and using of good judgement, then there is a positive environment of intelligent reactions. The child is being exposed to the correctness we want him to express. He must be allowed to think out some things for himself without fear of doing something wrong. We only grow as we have the personal experience of making mistakes and then are shown how to correct them. This develops self confidence and a feeling of independence.

Concerning the child's social development, we must remember that the attitude of the child's family, the neighbors, and the community toward his disabilities are of extreme importance in the child's adjustment. Both the child and his family react in large measure according to community expectations. Therefore, it is important that



He inherits the right to be shown intelligence.

whatever can be done to develop good, healthy parental and community attitudes toward the social and emotional adjustment of the special child deserves serious consideration.

*He inherits the right to be shown intelligence.* Parents should treat their child with intelligence, and he will show intelligence in return. This is another area of heritage. In this and in all areas, as Dorothy Law Nolte wrote, CHILDREN LEARN WHAT THEY LIVE. She writes:

If a child lives with criticism, he learns to condemn.  
If a child lives with hostility, he learns to fight.  
If a child lives with ridicule, he learns to be shy.  
If a child lives with jealousy, he learns to feel guilty.  
If a child lives with tolerance, he learns to be patient.  
If a child lives with encouragement, he learns confidence.  
If a child lives with praise, he learns to appreciate.  
If a child lives with fairness, he learns justice.  
If a child lives with security, he learns to have faith.  
If a child lives with approval, he learns to like himself.  
If a child lives with acceptance and friendship, he learns to find love in this world.

Throughout the pages of this book one of the main themes has been the preserving and building of self-esteem for both parents and child. It calls for great faith and love in order to build with firm foundations. This is not a new thought; back as early as 1660 John Milton expressed the same evaluation on self-esteem when he said: "Oftimes nothing profits more than self-esteem, grounded on what is just and right." That which is *right* for retarded children was set forth by a White House Conference on Child Health and Protection in their "Bill of Rights for Handicapped Children." According to this conference, "The handicapped child has a right:

1. *To as vigorous a body as human skill can give him.*
2. *To an education so adapted to his handicap that he can be*

*economically independent and have the chance for the fullest life of which he is capable.*

*3. To be brought up and educated by those who understand the nature of the burden he has to bear and who consider it a privilege to help him bear it.*

*4. To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or ridicule—but which welcomes every child, which offers him identical privileges and identical responsibilities.*

*5. To a life on which his handicap casts no shadow, but which is full day by day with those things which make it worthwhile, with comradeship, love, play, laughter and tears—a life in which these things bring continually increasing growth, richness, release of energies, joy in achievement.*

If parents are continuously aware that their every act is a learning example for not only the normal child, but emphatically more so for their handicapped child, they will realize the vast amount they are doing each day to help that child to learn and become an accepted and adjusted individual.

## 10.

### CASE HISTORIES

The following individual case histories represent actual children enrolled under my care. Their experiences and reactions both at home and school clearly demonstrate both the positive results that encouragement and acceptance can lead to and also some of the problems and difficulties that result from insecurity and rejection. The reader can see how the application of the principles discussed in my book can ease their burden and hurt and can lead to the development of full potential in retarded children and to their happy adjustment. Or, on the other hand, one can see the problems, pain, and unhappiness that can be caused when parents do not seek help in helping their child.

#### Case A

The first case concerns young parents in their twenties with a mongoloid child. Their first child, Avis, was a mongoloid. The parents were confused, but very calm and realistic. Avis was enrolled in the Fraser School at the age of five where she remained until graduation at the age of 21. All through the years she had the full cooperation of her parents and was accepted by them and her two brothers and two sisters. If there was any friction it was not evidenced by complaints and did not result in a problem. Therefore, the girl grew up secure and

happy. She tried hard as a pupil, learned to be a fairly good reader, kept herself neat and clean, and had a healthy pride in her clothes and her work. Upon leaving the Fraser School, she went into a sheltered workshop.

Because of this she was able to enjoy protection from the public taking advantage of her mentality level, and she enjoyed working and receiving her pay check. She has been at the workshop for over 10 years and continues to be happily employed. She still lives at home and apparently all is going well.

### Case B

Another case is that of middle aged parents giving birth to their one and only child, a mongoloid boy, Delbert. They were advised by the doctor and the father's family to place the child in an institution. Placement was not accepted by the mother. Much debate and hard feelings were created in this household because of the condition of the boy, who grew up confused and insecure. He was enrolled in school at 5 years of age, but sadly affected by the home environment. His learning was spasmodic in accordance with the discordant atmosphere in the home. The mother had an untimely death, and the boy was placed in a foster home. He is not attending school and still waiting for affection and acceptance to come. He sees his father occasionally, but there does not seem to be acceptance by either father or son. The future is not certain or bright for this child, and it would have been better had arrangement been made long before that would have brought about united feelings about the child's future. As it is, no one is happy and least of all the child.

There are several cases of mongoloids, both boys and girls, who have had the privilege of attending a school program, with acceptance at home, and who have been employed at a sheltered workshop for a number of years, earning bimonthly pay checks, and handling public transportation. They are able to be classified as contributing members of society. This view of the possible world of the mongoloid



gives encouragement to parents of these children and a challenge to teachers. We must always keep uppermost in our mind that they are all children and as such have a future if we will provide the opportunity.

### Case C

In this case, Eloise, a brain-injured girl, had as her ideal an older sister. Because she felt the older sister was superior, she imposed a definite limitation on her own ability. She would not compete with her sister in any capacity because she felt incapable of doing as well and was discouraged before she started. This feeling of inferiority carried over into areas in which Eloise could have excelled had she only tried. The frustration created by this negative feeling manifested itself in a great desire for destructiveness which, in reality, was not a desire to break things, but merely was a means of bringing relief to the child. She had to be disciplined to avoid situations which would tend to overstimulate her and thereby increase her feeling of inferiority. Punishment did not help because her actions were the result of brain injury and would only yield negative results tending to make her more frustrated through a feeling of rejection. There seemed to be no solution. However, circumstances were such that the older sister left home and the feeling of competition was eliminated. The limited child was given tasks and told she must do them since her sister was gone and there was no one else to do the work. Immediately attempts were made—faulty at first, but a sense of being needed developed responsibility whereupon Eloise gained insight into methods of doing many things well. The most effective discipline for Eloise was to show her how to do things, causing training to become a progressive method which raised her tolerance level. This reduced Eloise's frustration and enabled her to behave more normally. With this cooperation in the home, school situations were more tolerable and progress was made in many areas. This was only one of the many handicaps Eloise had in dealing with the normal world. Yet this one alone was enough to create in her significant behavior problems which words alone could not remedy.

## Case D

A case of frustration caused by the attitudes of the parents is found in the case of little Earl, a three-year-old brain-damaged boy. He is an example of displacement of aggression. The child was not accepted by his older sister, age 8, nor by his father or mother. A deep social stigma was felt, and the family thought that the boy's handicap kept the father from his rightful place in business or from being promoted. The mother felt her social standing in the community was evaluated through her brain-damaged child. The feeling of guilt was so keenly felt that the child was shut away from the family by locking him in his room. Again to ease the guilt complex, the child's room was given full treatment in furnishings, which the child, when locked away, would proceed to destroy—books were torn up, curtains ripped off the windows, toys stepped on and broken until there was nothing left intact. His actions were a dramatic example of displacement of aggression turned on a scapegoat. He did not want to destroy his room, his toys and his books because he did not like them or want them; he only wanted an outlet because of the great feeling of rejection by the whole family and because he was shut away from becoming a part of his home. He loved his parents and showed great joy whenever he could claim attention from them in any way possible. Punishment had no effect. The parents were contacted so that they could give him attention; that was all he asked. It is difficult to understand how this aggressive behavior is learned or to account for its object.

When Earl was taken into other homes in a baby sitting situation, he would tolerate this placement with much protesting, refusal to eat and continuous running to doors and windows to watch for the "man and the car"—they would take him home. These few words were his only communication, but they represented all of his security. Earl had a sense of right and wrong and would not destroy articles in a stranger's house, but he did find another way of expressing aggression and that was by causing himself to vomit after a certain amount of waiting. Thus, he achieved his goal. The baby

sitter could not tolerate this condition and mother or father was summoned at once and Earl went home—just to be locked in his room which had been cleared of anything that could be broken or torn loose. The child was labeled as destructive and the parents even feared he might attack them as he became older. This case ended by Earl being placed in a state institution where today he has learned to live with his situation and become useful in many ways. He still has the features of the handsome boy he was, but the eyes have a deep and hurt look that has not gone away in over thirty years.

### Case E

In contrast to the above case, I will relate one concerning a small, undeveloped girl called Edna, also a brain-damaged child born with small chance of survival. At the time she came to my attention she was six and not yet walking or talking, but showing signs of having retained experiences with people. Everything had been done to make her life more pleasant for herself and her two younger brothers and mother and father. Edna had a room of her own, furnished in child-sized furniture and a large toy box. She had easy access to her bed and would lie down at unpredictable times. In order that she need not feel isolated, the door of her room was divided so that by opening the top portion she was able to relate to the family and activities in the home, yet be limited in her movements.

Her family shared in the challenge facing them at all times. I am sure it was no easy task to accept this challenge and I am sure there were immense problems we will never learn about; but through it all the child was kept immaculately clean and dressed in becoming clothes in spite of a problem with toileting. Edna is now a teen-ager; she has not grown much physically or mentally, but there has been some advancement in understanding and response. Much of the time while at home it is necessary that she have the quietness of her own room. She accepts all of this with little aggression. She does not remain in her room for long periods of time, but is allowed access to

the rest of the home as her brothers are. She has had an opportunity for therapy work in a school which has brought about very little progress, but the help was there as was the full cooperation of the family. The mother is a most admirable person and never once has she denied her child or hidden her away. Edna has been allowed to be a human being with affection and acceptance. All that is possible has been done for her. The home has enjoyed a normal atmosphere. The parents, through disciplining the child, have made it possible for baby sitters to take over for an evening with few problems. There have been many heartaches along the way for all concerned, we can be sure, but all has been accepted. When this life is over I am sure there will be a feeling of satisfaction in a job well done without any feeling of guilt.

The last two are extreme cases and much can be said for both, but as long as there is no middle of the road way for these children to travel, someone must carry the hurt—and hopefully it will not be the child alone.

#### **Case F**

A very sensitive retarded child, June was extremely unhappy when she did not please anyone. One time in her classroom the teacher became very unnecessarily high pitched and wordy in correction of a mistake in following directions and used several long sentences telling June of her errors. June was overwhelmed by all the words, none of which she understood. The tone of voice and the crossness of facial expressions were as though the teacher said "You're naughty," with each phrase until she was through. June held back until the teacher had finished and then she burst forth with a flood of tears and deep sobs. She was quieted by the teacher, kindly removed from the class and assured in subdued tones that nothing was wrong that she could not change by just listening carefully. It took quite a time before the sobs were controlled and June could return to the class. A lesson had been learned thoroughly by the teacher—the tone of the voice and the length of sentences govern the entire atmosphere of a room making it acceptable or making it a menace for the retarded child.

### Case G

This is a case of an autistic child named Ethel. She had been a quiet, undemanding baby, but as she developed in years her inability to relate to anyone and her lack of speech caused concern and resulted in a psychiatric evaluation which revealed autism. By the time she was 5 years old and had entered school, her pattern was to wander around the room picking up various objects, feeling them, sometimes putting them in her mouth or smelling them, and then dropping them and moving on. She seemed pleased by hard, shiny objects which she would stroke rhythmically with her fingers. She made absolutely no eye contact with anyone in the beginning, but definitely improved. She is untestable, but a breakthrough is being made. Ethel's response is greatest in a music therapy class. There she learns to follow directions and relates to some extent to other children. Such characteristics are common to autistic youngsters.

# 11

## BOOKS FOR THE RETARDED CHILD

Books used in special education classes have proven very successful. The retarded child has a need for a variety of activities such as finger plays, songs, and games which include a variety of materials—books, records, filmstrips, etc. Whatever the age, the child will respond best to short programs which are presented enthusiastically.

The retarded child prefers to have stories told to him. He enjoys about ten minutes of concentrated time and then enjoys having the book from which the story was told to look over.

There are no absolutes when working with the retarded child. A story thoroughly enjoyed one day may be a dismal failure with the same child a few weeks later, depending on the mood of the child.

Following is a list of books, records and film strips that may help in feeding the cultural interest of the retarded child.

### Stories to Read

1. Abisch, Roz. OPEN YOUR EYES. Parents' Magazine Press, 1964. \$3.50. A good response book, in color.

2. Alexander, Anne. ABC OF CARS AND TRUCKS. Doubleday, 1956. \$3.25. Objects in the book, using letters of the alphabet, are familiar and motivate children to discuss pictures and to bring in model cars and trucks.

3. Bel Geddes, Barbara. I LIKE TO BE ME. A baby hippopotamus tells what he'd like to be if he weren't himself—which is just what he wants to be anyway. Good response book.

4. Blair, Mary. THE UP AND DOWN BOOK. Golden, 1964. \$1.00. Simple format, bright colors, happy children, and large print, make the book useful in explaining the principle of up and down to the child.

5. De Regniers, Beatrice. MAY I BRING A FRIEND? Atheneum, 1964. \$3.50. The invitation to tea, by the King and Queen, and the various animals responding to the invitation, make this a fun book for the children.

6. Emberly, Ed. THE WING ON A FLEA. Little, 1961. \$3.50. A book about shapes of things and a wonderful chance for children to hunt for various shapes around the world.

7. Ets, Marie Hall. GILBERTO AND THE WIND. Viking, 1963. \$3.00. The wind has many moods: blows pillowcases into balloons, squeezes through the keyhole, and finally tires himself and Gilberto out, and they both fall asleep under a willow.

8. Freeman, Don. A RAINBOW OF MY OWN. Viking, 1966. \$3.00. A beautiful rainbow, a small boy trying to touch it, sun shining through the goldfish bowl, and a special rainbow on the wall, make a delightfully simple story.

9. Greene, Carla. I WANT TO BE A POLICEMAN. Childrens Press, 1964. \$2.50. Jack is lost in a strange city, and the friendly police force helps him. Good lessons for the child, as well as good-sized, readable print.

10. Grossbart, Francine. A BIG CITY. Harper, 1966. \$3.50. Articles to be identified in a big city, with good print and pictures.

11. Keats, Ezra Jack. THE SNOWY DAY. Viking, 1962. \$3.00. The quiet adventures of Peter in the snow could happen to any child.

12. Marino, Dorothy. BUZZY BEAR'S WINTER PARTY. Watts, 1967. \$2.95. Another Buzzy Bear story that will delight children and adults.
13. Massie, Diane Redfield. MACGREGOR WAS A DOG. Parents' Magazine Press, 1965. \$3.50. A pink dog wants to be an ostrich and finds himself in trouble.
14. Sendak, Maurice. WHERE THE WILD THINGS ARE. Harper, 1963. \$3.95. The wild things are amusing and just a little scary, and Max could be any little boy having a very wild dream after being sent to bed for behaving ferociously.
15. Seuss, Dr. THE CAT IN THE HAT COMES BACK. Random, 1958. \$1.95. Lilted rhythm, mischievous cats, and the cleaning up of the pink mess with vroom are all very appealing.
16. Seuss, Dr. HOP ON POP. Random, 1963. \$1.95. Repetitive use of simple words, familiar objects and color are very important here, for the special class.
17. Tresselt, Alvin. HOW FAR IS FAR? Parents' Magazine Press, 1964. \$3.50. A little boy tries to find answers to some very difficult questions: How far is far, how high is up, and how deep is down?
18. Ward, Lynd. THE BIGGEST BEAR. Houghton, 1952. \$3.50. A pet bear becomes a nuisance and has to be returned to the forest, but the final happy conclusion for the boy and the bear makes this story appealing.
19. Zaffo, George J. THE GIANT NURSERY BOOK OF THINGS THAT GO and THE GIANT NURSERY BOOK OF TRAVEL FUN. Doubleday, 1959, 1965. \$4.50 each. Books with excellent format for the special class, full of things familiar and unfamiliar.

#### **Stories to be Told and Discussed**

1. Anglund, Joan Walsh. NIBBLE, NIBBLE MOUSEKIN. Harcourt, 1962. \$3.25. The Hansel and Gretel story, which must be told, and the pictures shown, to get the whole value from the book.



2. Erickson, Phoebe. TRUE BOOK OF ANIMALS OF THE SMALL POND. Childrens Press, 1953. \$2.50. An idea, in the front of the book, to make a small pond using a mirror, a beaver dam from sticks, a muskrat house, and a slide for the otters, would be valuable for the class.

3. Galdone, Paul. THE HARE AND THE TORTOISE (Aesop). McGraw, 1962. \$2.50. Illustrations and prose are simple and understandable, and the story provides an excellent opportunity to use models of hare and tortoise for demonstration.

4. Podendorf, Illa. THE TRUE BOOK OF INSECTS. Childrens Press, 1954. \$2.50. A good opportunity to use models of insects along with the facts about common insects and the enlarged colored pictures.

5. Podendorf, Illa. THE TRUE BOOK OF PETS. Childrens Press, 1954. \$2.50. Simple descriptions of pets and their care, with 90 percent of the text in words from "Combined Word List for Primary Reading."

#### Holidays

1. Balian, Lorna. THE HUMBUG WITCH. Abingdon, 1965. \$2.50. A "not so witchy witch" gives up the ghost and becomes her true little girl self and so does her cat, Fred, in this Halloween tale.

2. Balian, Lorna. I LOVE YOU, MARY JANE. Abingdon, 1967. \$2.75. A birthday surprise book that should delight children.

3. Barry, Robert. MR. WILLOWBY'S CHRISTMAS TREE. McGraw, 1963. \$2.95. A tree that is too tall and the families that glean the cut-off tips for their own trees, including gardener and mistletoe mouse.

4. Brown, Margaret Wise. THE LITTLE FIR TREE. Crowell, 1955. A special fir tree for a little lame boy and finally, when he recovers, a special forest tree for the birds and the animals. Two Christmas carols included in the book.

5. Buckley, Helen E. THE LITTLE BOY AND THE BIRTHDAYS. Lothrop, 1954. \$3.25. A good way to introduce children to the date of their own birthdays and to think of the birthdays of others.

6. Miller, Edna. MOUSEKIN'S CHRISTMAS EVE. Prentice-Hall, 1964. \$3.95. A safe, warm, golden pumpkin provides a happy home for a mouse.

8. Osswald, Edith and Mary Reed. HUNDREDS OF TURKEYS. Heath, 1964. Simple story of the development of unhatched turkey eggs into the live, plump Thanksgiving bird.

9. Shapp, Martha and Charles. LET'S FIND OUT ABOUT THANKSGIVING. Watts, 1964. \$2.65. A fine talk-about book, simple prose, and good pictures for discussion of pilgrims and their way of life.

10. Wiese, Kurt. HAPPY EASTER. Hale, 1952. \$2.10. Fun story of colored eggs and colored chickens.

### **Religion**

1. Doane, Pelagie. GOD MADE THE WORLD. Lippincott, 1960. \$3.50. Simple, direct, childlike pictures for children of all faiths.

2. Field, Rachel. PRAYER FOR A CHILD. Macmillan, 1964. \$3.50. Simple prayers, illustrated by comfortably warm subjects.

### **Craft, Music and Finger Plays**

1. Chase, Richard. BILLY BOY. Golden Gate, 1966. \$3.50. Enjoyment for children, using song as an activity along with the book.

2. Emberley, Ed and Barbara. ONE WIDE RIVER TO CROSS. Prentice-Hall, 1966. \$3.95. Chance for active participation in singing and marching.

3. Enoch Pratt Free Library (Baltimore). FINGER PLAYS (pamphlet). Enoch Pratt, 1964. A good selection of well-explained finger plays and action rhymes.

4. Fletcher, Helen Jill. THE BIG BOOK OF THINGS TO DO AND MAKE. Random, 1961. \$1.95. Good ideas for simple projects requiring little coordination.

5. Kuwabara and others. CUT AND PASTE. Ivan Obolensky, Inc., 1961. \$3.95. Book designed for the child to cut and tear paper or materials and paste and cut pieces together.

6. Lee, Carvel. ART ACTIVITIES, KINDERGARTEN PRIMARY INSTRUCTOR SERIES. F. A. Owen, 1962. Basic, simple patterns that may be traced for coloring and making posters.

7. McNeice, William and Kenneth Benson. CRAFTS FOR RETARDED. Taplinger, 1964. \$6.45. Written especially as a resource for the retarded child, this book of crafts projects is presented in sequence, from the very simple projects to more difficult ones. All have been tested for suitability for retarded children.

### **Books Helpful for Adults**

1. Betz, Betty. MANNERS FOR MOPPETS. Grosset, 1962. \$2.95. Manners need explanation and demonstration, but good for adults to have visual pictures explaining manners.

2. Kirkus, Virginia. THE FIRST BOOK OF GARDENING. Watts, 1956. \$2.65. An aid in giving the adult quick and easy information on how to start a garden for the child.

3. Rosenzweig, Louis E. and Julia Long. UNDERSTANDING AND TEACHING THE DEPENDENT RETARDED CHILD. Teachers Publishing Corp., 1960. \$3.25. Five skills are covered: self-help, social, motor, academic, and vocational. Four levels of retardation are given in this good developmental program.

### **Recordings**

1. All Day, All Night—Columbia Records.
2. Jingle Bells—Peter Pan Records.
3. Let's All Sing Like the Birdies Sing—Peter Pan Records.
4. The Little Engine That Could—Decca Records.
5. Little Red Caboose—Peter Pan Records.
6. March of the Toys—Decca Records.
7. Mother Goose Songs—Decca Records.

8. On Parade—U.S. Coast Guard.
9. Peter Cottontail—Easter Parade—Columbia Records.
10. Rudolph, The Red Nosed Reindeer—Peter Pan Records.
11. Safety First—Walt Disney.
12. Santa Claus Is Coming to Town—Peter Pan Records.
13. Sing a Song of Safety—Decca Records.
14. Songs and Games and Fun—RCA Records.
15. Stop—Go—Columbia Records.
16. Stop, Look, Listen—Walt Disney.

### **Filmstrips**

1. Blueberries for Sale—Weston Woods Studios.
2. Camel Who Took a Walk—Weston Woods Studios.
3. Red Carpet—Weston Woods Studios.